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ABSTRACT

This volume provides a supplement to The Urban Institute's final evaluation of health education materials currently in use in the Head Start program. The curriculum, "Healthy, That's Me," is being evaluated in the second year. Section I includes the research instruments used for data collection in the fall of 1972; Section II includes research instruments used in the spring of 1973. Interviews were administered to Head Start staff, parents, directors, and teacher trainers. The final report of the study provides additional information relevant to data collection, including descriptions of sampling and evaluative procedures. (DP)

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VOLUME II

RESEARCH INSTRUMENTS USED IN EVALUATION OF HEAD START EXPERIENCE WITH HEALTHY, THAT'S ME IN THE SECOND YEAR

by

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These interviews were prepared by The Urban Institute to fulfill the contract requirements to the Office of Child Development, U.S. Department of Health, Education, and Welfare.

THE URBAN INSTITUTE
2100 M Street, N.W., Washington, D.C. 20037

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Preface

This volume provides a supplement to The Urban Institute's evaluation of Head Start experience with Healthy, That's Me in the second year. Section I includes the research instruments used for data collection in the fall of 1972; Section II includes research instruments used in the spring of 1973. Interviews were administered to Head Start staff, parents, directors, and teacher trainers.

The final report of the study includes: a summary of major findings and recommendations; the current status of Healthy, That's Me and the objectives of the second year's evaluation; the overall reactions of Head Start staff and parents to the curriculum guide, general suggestions for revisions, and priorities for additional material to be included in the guide; an assessment of the impact of Healthy, That's Me on various health-related attitudes and behaviors of Head Start teachers, parents, and children; an identification of the costs and effects of different types of teacher training in the use of Healthy, That's Me; and specific recommendations to assist anticipated Office of Child Development decisions.

Appendices to the final report include: procedures used in sampling and data collection; supplementary tables used to construct charts presented in the body of the report; detailed suggestions for revisions of the teacher's manual, children's book, and parent handbooks; and alternative health education materials currently in use in the Head Start Program. A memorandum which includes a methodological discussion of the use of Head Start parent interviewers, and the names of Head Start staff and other respondents who stood out in terms of depth and evidence of experience related to health education, has been transmitted to the Office of Child Development.

SECTION I

INSTRUMENTS USED FOR DATA COLLECTION, FALL 1972

Head Start Center _____

Date _____

Interviewer(s) _____

HEALTHY, THAT'S ME HEAD START STAFF
INTERVIEW

As you know, we are now in the second year of our evaluation of Head Start experiences with health education materials currently in use in the Head Start Program. In order to assess your experiences with Healthy, That's Me as they relate to children, parents and staff at this center, we would like to ask you some questions as a group. Later on, we will have a few questions for some of you to answer individually. Your responses will not be associated with your names in any way. We are interested in the opinions of Head Start teachers, nurses, education directors, and others in centers throughout the country and are not at all interested in identifying the names of individual Head Start Staff members.

Part I (GROUP INTERVIEW)

1. When was Healthy, That's Me first introduced at this center? How much has it been used?

2. In general, what is your attitude about the health education curriculum guide, Healthy, That's Me? Would you say it is favorable, unfavorable, or neither favorable nor unfavorable?

_____Favorable (1)
_____Unfavorable (2)
_____Neither favorable nor unfavorable (3)

3. How does the Healthy, That's Me curriculum guide compare to other health education materials that you've used or seen before? Is it:

_____Better (1)
_____About the same (2)
_____Worse (3)
_____No other materials to compare with (4)

4. How easily have you been able to incorporate the Healthy, That's Me materials into the total Head Start Program?

_____Very easily (1)
_____Fairly easily (2)
_____Not easily (3)
_____Not at all (4)

5. How well prepared do you feel to use Healthy, That's Me with Head Start children?

_____Well prepared (1)
_____Average preparation (2)
_____Poorly prepared (3)

a. How well prepared do you feel to use Healthy, That's Me with Head Start parents?

_____Well prepared (1)
_____Average preparation (2)
_____Poorly prepared (3)

6. Can you think of any specific health problems in your community that should either be addressed or receive more emphasis in Healthy, That's Me?

_____

_____

_____

7. In answering the next few questions, please refer if possible to specific pages in Healthy, That's Me.

   a. Can you suggest any changes that might improve the unit "All About Me"?

      _____Have not worked with this unit

      Suggested changes: _____

      _____

      _____

      _____

      _____

      _____

      _____

      _____

      _____

      _____

      _____

      _____

      _____

      _____

b. Can you suggest any changes that might improve the unit "Me and My Folks"?

_____Have not worked with this unit

Suggested changes:_____

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c. Can you suggest any changes that might improve the unit "Where I Live"?

_____Have not worked with this unit

Suggested changes:_____

d. Can you suggest any changes that might improve the unit "I'm Growing and Changing"?

_____Have not worked with this unit

Suggested changes:_____

e. Can you suggest any changes that might improve the unit "Who Helps Me Take Care of My Health"?

_____Have not worked with this unit

Suggested changes: _____

8. Are you using the Healthy, That's Me children's book in your classroom?

_____Yes (1)
_____No (2)

a. If yes, how are you using the children's book?

_____

_____

_____

_____

_____

b. If yes, would you suggest any changes that might improve it?

_____

_____

_____

_____

_____

9. How do you feel about the idea of having a children's book to use in the Head Start Program?

10. Please indicate approximately how many parents of the children in your classroom have been introduced to the following parent handbooks?

Parent Handbook	All	Most	Some	A Few	None
a. "Your Part as a Parent in Healthy, That's Me"					
b. "Your Family"					
c. "Americans All"					
d. "Making it Easier to Keep Healthy at Home"					
e. "Your Growing Child"					
f. "Dealing with Family Upsets"					
g. "Your Child's Health"					

11. Can you suggest any changes that would improve the parent handbooks? Please refer to specific handbooks.

12. What would you expect useful health education materials to accomplish with your Head Start parents? That is, what kinds of changes would you expect to see in parents if the health education materials are to be considered a success? (Probe as fully as possible).

a. What kinds of changes would you expect to see in your Head Start children if these health education materials are to be considered a success? (Probe as fully as possible).

b. What kinds of changes would you expect to see in yourselves and members of other Head Start staffs? (Probe as fully as possible).

13. Did you receive any specific training in using the Healthy, That's Me curriculum guide?

____Yes (1)
____No (2) (Go to question c)

a. What type of training did you receive?
(Describe all training experiences that have taken place).

_____

_____

_____

_____

_____

_____

b. Was anyone here responsible for or did anyone participate in conducting the training?

____Yes (1) Name(s) _____
____No (2) _____

(1) If yes, if you were to present this training again what additions or changes, if any, would you make? (Probe fully with other Head Start staff members present).

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(2) If no, how useful was this training in helping you work with Head Start children?

____Very useful (1)
____Somewhat useful (2)
____Not useful (3)

(3) If no, what type of training might have been more useful to you in addition to or instead of what you received?

_____

_____

_____

_____

_____

c. [IF NO TRAINING RECEIVED] How did you prepare to use the curriculum guide?

_____

_____

_____

_____

_____

d. What specific kinds of help would you find most useful in presenting Healthy, That's Me to Head Start parents?

_____

_____

_____

_____

_____

THANK YOU VERY MUCH FOR YOUR COOPERATION!

HEALTHY, THAT'S ME HEAD START STAFF
INTERVIEW

To add to our information on Head Start teacher experiences with health education materials, we would appreciate your responses to the following seven (7) questions. As before, you can be sure your responses will not be associated with your name in any way. Therefore, do not put your name on the interview form.

Since it is essential to have your responses by the end of our visit, please answer the questions now and leave the completed interview form _____.

Part II (INDIVIDUAL INTERVIEW)

	Office Use Only Col.	Punch
	1	____
	2	____
	3	____
	4	____

1. In your opinion, how well prepared are most of your Head Start parents to deal with the health problems and needs of their children?

____Well prepared (1)
____Average Preparation (2)
____Poorly prepared (3)

5 ____

2. How well prepared do you feel to talk about the following topics related to the health of your Head Start children?

	(1) Well Prepared	(2) Average Preparation	(3) Poorly Prepared		
a. Body parts and functions				6	____
b. Roles of family members				7	____
c. Individual emotions and emotional growth				8	____
d. Ethnic and racial differences				9	____
e. Accident prevention				10	____
f. Home safety				11	____
g. Physical development and growth				12	____
h. Good grooming				13	____
i. Food and nutrition				14	____
j. Personal hygiene				15	____
k. Visiting doctors, dentists and nurses				16	____

Office Use Only

Col.	Punch

3. Until you could get the child to a doctor, what would you do if a child in your classroom:

a. Stepped on a rusty nail? _____ 17 ____

What are the consequences of this kind of an injury? 18 ____

b. Swallowed a bottle containing cleaning fluid? _____ 19 ____

What are the consequences of this kind of an injury? 20 ____

c. Was bitten by a dog, cat, or other animal? _____ 21 ____

What are the consequences of this kind of an injury? 22 ____

d. Appeared to have broken a bone? _____ 23 ____

What are the consequences of this kind of an injury? 24 ____

e. Burned himself/herself badly? _____ 25 ____

What are the consequences of this kind of an injury? 26 ____

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	Col.	Punch
4. Where would you advise a Head Start parent to go to obtain the following services for one of his/her children?		
a. Vaccinations/immunizations _____	27	____
b. A vision test _____	28	____
c. Eye glasses _____	29	____
d. A dental examination _____	30	____
e. Dental treatment _____	31	____
f. A hearing test _____	32	____
g. Treatment for a hearing problem _____	33	____
h. A general medical check-up _____	34	____
i. Laboratory tests _____	35	____
j. Emergency treatment _____	36	____

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Below is a list of some common childhood diseases that are communicable. Please fill in as much information about each disease as you can.

	How can this disease be prevented?	What are its symptoms?	For how long is it communicable?	Col.	Punch
a. Chicken pox				37	___
				38	___
				39	___
b. German measles				40	___
				41	___
				42	___
c. Impetigo				43	___
				44	___
				45	___
d. Measles				46	___
				47	___
				48	___
e. Mumps				49	___
				50	___
				51	___
f. Ringworm				52	___
				53	___
				54	___
g. Whooping cough				55	___
				56	___
				57	___

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Col.	Punch

In answering Questions 6 and 7, please think only of those children who enrolled in your Head Start Center for the first time this year.

6. Which of the following aspects of health do you feel your Head Start children have an adequate awareness of or information about? (Check appropriate aspects).

a.	_____ Personal identity	58	____
b.	_____ Body parts and functions	59	____
c.	_____ Environmental safety	60	____
d.	_____ Home safety	61	____
e.	_____ Accident prevention	62	____
f.	_____ Value of different roles of family members	63	____
g.	_____ Brushing teeth	64	____
h.	_____ Good grooming	65	____
i.	_____ Good nutrition and healthy foods	66	____
j.	_____ Washing hands and body cleanliness	67	____
k.	_____ Visiting the doctor and dentist	68	____
l.	_____ Cleaning up playground	69	____
m.	_____ Motor development and exercises	70	____

Office Use only

	Col.	Punch
7. In your opinion how many of your Head Start children:		

	Most	Some	A Few	None	Col.	Punch
a. Often come to school hungry?					71	____
b. Often come to school inappropriately or inadequately dressed for the weather?					72	____
c. Often come to school tense or upset?					73	____
d. Are willing to share and take turns?					74	____
e. Talk about the foods they eat and their eating experiences?					75	____
f. Wash their hands after going to the bathroom without being told?					76	____
g. Regularly participate in outdoor activities?					77	____

THANK YOU VERY MUCH FOR YOUR COOPERATION!

HEAD START STAFF INTERVIEW

As you may know, the Urban Institute is now in the second year of its evaluation of Head Start experiences with health education materials currently in use in the Head Start Program. In order to assess your experiences with health education as they relate to children, parents and staff at this center, we would appreciate your responses to the following eight (8) questions. You can be sure your responses will not be associated with your name in any way. Therefore, do not put your name on the interview form.

Since it is essential to have your responses by the end of our visit, please answer the questions now and leave the completed interview form _____.

Office Use Only	
Col.	Punch
1	____
2	____
3	____
4	____

1. What would you expect useful health education materials to accomplish with your Head Start parents? That is, what kinds of changes would you expect to see in parents if the health education materials are to be considered a success?

a. What kinds of changes would you expect to see in your Head Start children if these health education materials are to be considered a success?

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Col.	Punch

b. What kinds of changes would you expect to see in yourself and members of other Head Start staffs?

_____

_____

_____

_____

_____

_____

_____

2. In your opinion, how well prepared are most of your Head Start parents to deal with the health problems and needs of their children?

_____Well prepared (1) _____Average preparation (2) _____Poorly prepared (3)	5	____

Office use only

Col.	Punch

3. How well prepared do you feel to talk about the following topics related to the health of your Head Start children?

	(1) Well Prepared	(2) Average Preparation	(3) Poorly Prepared	Col.	Punch
a. Body parts and functions				6	____
b. Roles of family members				7	____
c. Individual emotions and emotional growth				8	____
d. Ethnic and racial differences				9	____
e. Accident prevention				10	____
f. Home safety				11	____
g. Physical development and growth				12	____
h. Good grooming				13	____
i. Food and nutrition				14	____
j. Personal hygiene				15	____
k. Visiting doctors, dentists and nurses				16	____

	Col.	Punch
4. Until you could get the child to a doctor, what would you do if a child in your classroom:		
a. Stepped on a rusty nail? _____	17	____
What are the consequences of this kind of an injury?	18	____
b. Swallowed a bottle containing cleaning fluid? _____	19	____
What are the consequences of this kind of an injury?	20	____
c. Was bitten by a dog, cat, or other animal? _____	21	____
What are the consequences of this kind of an injury?	22	____
d. Appeared to have broken a bone? _____	23	____
What are the consequences of this kind of an injury?	24	____
e. Burned himself/herself badly? _____	25	____
What are the consequences of this kind of an injury?	26	____

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Col.	Punch

5. Where would you advise a Head Start parent to go to obtain the following services for one of his/her children?

		Col.	Punch
a.	Vaccinations/immunizations _____	27	____
b.	A vision test _____	28	____
c.	Eye glasses _____	29	____
d.	A dental examination _____	30	____
e.	Dental treatment _____	31	____
f.	A hearing test _____	32	____
g.	Treatment for a hearing problem _____	33	____
h.	A general medical check-up _____	34	____
i.	Laboratory tests _____	35	____
j.	Emergency treatment _____	36	____

Col.	Punch

6. Below is a list of some common childhood diseases that are communicable. Please fill in as much information about each disease as you can.

	How can this disease be prevented?	What are its symptoms?	For how long is it communicable?	Col.	Punch
a. Chicken pox				37 38 39	___ ___ ___
b. German measles				40 41 42	___ ___ ___
c. Impetigo				43 44 45	___ ___ ___
d. Measles				46 47 48	___ ___ ___
e. Mumps				49 50 51	___ ___ ___
f. Ringworm				52 53 54	___ ___ ___
g. Whooping cough				55 56 57	___ ___ ___

In answering Questions 7 and 8, please think only of those children who enrolled in your Head Start Center for the first time this year.

7. Which of the following aspects of health do you feel your Head Start children have an adequate awareness of or information about? (Check appropriate aspects).

		Col.	Punch
a.	_____Personal identity	58	____
b.	_____Body parts and functions	59	____
c.	_____Environmental safety	60	____
d.	_____Home safety	61	____
e.	_____Accident prevention	62	____
f.	_____Value of different roles of family members	63	____
g.	_____Brushing teeth	64	____
h.	_____Good grooming	65	____
i.	_____Good nutrition and healthy foods	66	____
j.	_____Washing hands and body cleanliness	67	____
k.	_____Visiting the doctor and dentist	68	____
l.	_____Cleaning up playground	69	____
m.	_____Motor development and exercises	70	____

Office Use Only

Col.	Punch

8. In your opinion, how many of your Head Start children:

	Most	Some	A Few	None	Col.	Punch
a. Often come to school hungry?					71	
b. Often come to school inappropriately or inadequately dressed for the weather?					72	
c. Often come to school tense or upset?					73	
d. Are willing to share and take turns?					74	
e. Talk about the foods they eat and their eating experiences?					75	
f. Wash their hands after going to the bathroom without being told?					76	
g. Regularly participate in outdoor activities?					77	

THANK YOU VERY MUCH FOR YOUR COOPERATION!

Parent's Name _____

Address _____

Phone Number _____

Head Start Center _____

Date _____

Interviewer _____

HEALTHY, THAT'S ME HEAD START PARENT INTERVIEW

Hello. I'm (give name) and the mother/father of (give name), one of the children in your son's/daughter's Head Start project. I'm also working for the Urban Institute in Washington, D.C. and we are collecting information needed to improve health education in the Head Start Program. Would you mind talking to me for a few minutes? What you say will not be associated with your name in any way and will be kept strictly confidential.

HEALTHY THAT'S ME HEAD START PARENT INTERVIEW

I. INTRODUCTORY INFORMATION

1. How many of your children have been in the Head Start Program?

   _____

   a. How many of your children are now enrolled in Head Start?

      _____

   b. How long have you lived in this neighborhood?

      _____1 year or less
      _____1-2 years
      _____3-5 years
      _____6-9 years
      _____10 years or more

   c. Now I'd like to talk to you about _____
      [USE AS APPROPRIATE THROUGHOUT INTERVIEW]

II. HEALTH EDUCATION PROGRAM

2. Do you know what they teach the children about health at the Head Start center?

   _____

   _____

   _____

   _____

3. Do you know what kinds of things are used at the center to teach the children about health?

   _____Yes (Describe: _____
   _____)

   _____No

   a. Do you know of any special health education materials that are used at the Head Start center?

      _____Yes (Describe: _____
      _____)

      _____No

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4. Have you been introduced to the Healthy, That's Me materials?

_____Yes
_____No

a. If yes, how did you happen to find out about these materials? Who was involved in introducing the materials to you (nurse, doctor, health coordinator, parent consultant, etc.)?

_____

_____

_____

_____

b. If yes, when did you find out about these materials?

_____At Head Start meetings
_____At home
_____Other (Specify: _____)

c. How many of the Healthy, That's Me parent handbooks have you received? (Try to identify and ask d-i and 5-11 as appropriate). [SHOW PARENT THE SEVEN HANDBOOKS]

_____

d. Have you looked at any of these materials?

_____Yes
_____No

e. In general, what do you think about the Healthy, That's Me parent handbooks?

_____

_____

_____

_____

f. Which of these are of most help to you? Why?

_____

_____

_____

_____

g. Which of these materials are not helpful? Why?

_____

_____

_____

_____

h. In what other form could the parent handbooks be presented to be more helpful to you?

_____

_____

_____

_____

i. Are the handbooks easy to understand?

_____Yes
_____No

If no, what isn't clear to you? What could be done to help parents understand these handbooks better?

_____

_____

_____

_____

Now I'm going to ask you some questions about the seven Healthy, That's That's Me parent handbooks that you may have seen [SHOW PARENT THE SEVEN HANDBOOKS]

5. How useful to you is the parent's handbook, "Your Part As A Parent in Healthy, That's Me"?

_____Very useful
_____Somewhat useful
_____Not useful
_____Have not received
_____Don't know, have not used

a. What should be done to make this a better handbook?

_____

_____

_____

6. How about the parent's handbook, "Your Family"? How useful is the material in it?

_____Very useful
_____Somewhat useful
_____Not useful
_____Have not received
_____Don't know, have not used

a. What should be done to improve this handbook?

_____

_____

_____

7. How about the parent's handbook, "Americans All"?

_____Very useful
_____Somewhat useful
_____Not useful
_____Have not received
_____Don't know, have not used

a. What should be done to make this a better handbook?

_____

_____

_____

8. How about the parent's handboook, "Making It Easy to Keep Healthy At Home"?

_____Very useful
_____Somewhat useful
_____Not useful
_____Have not received
_____Don't know, have not used

a. What should be done to improve this handbook?

_____

_____

_____

9. How about the parent's handbook, "Your Growing Child"?

_____Very useful
_____Somewhat useful
_____Not useful
_____Have not received
_____Don't know, have not used

a. What should be done to make this a better handbook?

_____

_____

_____

10. How about the parent's handbook, "Dealing With Family Upsets"?

_____Very useful
_____Somewhat useful
_____Not useful
_____Have not received
_____Don't know, have not used

a. What should be done to improve this handbook?

_____

_____

_____

11. Finally, how about the parent's handbook, "Your Child's Health"?

_____Very useful
_____Somewhat useful
_____Not useful
_____Have not received
_____Don't know, have not used

a. What should be done to improve this handbook?

_____

_____

_____

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12. What would you say is the most serious child health problem in this neighborhood?

_____

a. In your opinion, does Healthy, That's Me help you deal with this problem?

_____Yes
_____No
_____Don't know

13. What child health problem in this neighborhood is not getting enough attention?

_____

a. In your opinion, does Healthy, That's Me help you deal with this problem?

_____Yes
_____No
_____Don't know

14. Are there any health problems in your community that Healthy, That's Me doesn't help you with? If yes, which ones?

_____

_____

_____

_____

a. Are there any health problems in your community that Healthy, That's Me does a very good job with? If yes, which ones?

_____

_____

_____

_____

15. Do you feel that you know more about the health services available to you since you or _____ [FIRST NAME OF CHILD ENROLLED IN HEAD START] have been introduced to the Healthy, That's Me materials? If yes, what did you learn that you didn't know before? (Probe fully).

_____

_____

_____

a. Where would you go to obtain the following services for one of your children?

(1) Vaccinations/immunizations _____

_____

(2) An eye test _____

_____

(3) Eye glasses _____

_____

(4) A dental examination _____

_____

(5) Dental treatment _____

_____

(6) A hearing test _____

_____

(7) Treatment for a hearing problem _____

_____

(8) A general medical check-up _____

_____

(9) Laboratory tests _____

_____

(10) Emergency treatment _____

_____

16. Has the health information that you've received from Healthy, That's Me made any difference in the way you care for _____'s [FIRST NAME OF CHILD ENROLLED IN HEAD START] health? If yes, in what way has it made a difference? (Probe fully).

_____

_____

_____

The Urban Institute -8

17. Have you followed any of the suggestions about caring for _____'s [FIRST NAME OF CHILD ENROLLED IN HEAD START] health?

_____Yes
_____No

a. If yes, which suggestions have you followed?

_____

_____

_____

b. If no, why not?

_____

_____

_____

c. Which suggestions, if any, are you unable to follow? Why?

_____

_____

_____

d. Which suggestions, if any, were hard to follow? Why?

_____

_____

_____

18. Which childhood illnesses or health problems have you learned more about since you or _____ [FIRST NAME OF CHILD ENROLLED IN HEAD START] have been introduced to the Healthy, That's Me materials? [DO NOT READ LIST]

_____Chicken Pox
_____Dental Disease
_____German Measles
_____Impetigo
_____Measles
_____Mumps
_____Nutritional Deficiency
_____Ringworm
_____Sickle Cell Anemia
_____Strep Throat
_____Whooping Cough
_____Other (Specify: _____
_____)

a. What have you learned about this (these) illness(es) that you didn't know before?

_____

_____

_____

b. What other health problems have you learned more about?

_____

_____

_____

What have you learned that you didn't know before?

_____

_____

_____

c. Until you could get your child to a doctor, what would you do if your child:

(1) Stepped on a rusty nail? _____
_____

What would you have to worry about if this happened?
_____
_____
_____

(2) Swallowed a bottle containing cleaning fluid? _____
_____
_____

What would you have to worry about if this happened?

(3) Was bitten by a dog, cat, or other animal? _____

What would you have to worry about if this happened?

(4) Appeared to have broken a bone? _____

What would you have to worry about if this happened?

(5) Burned himself/herself badly? _____

What would you have to worry about if this happened?

19. Do you think it's a good idea to have a health education program for young children and their parents in this community? Why? Why not?

a. What are the first things you think such a health education program should work on?

For children: _____

For parents: _____

_____

_____

20. Do you think _____[FIRST NAME OF CHILD ENROLLED IN HEAD START] understands more about how to care for his/her health since he/she has been introduced to the Healthy, That's Me materials?

_____Yes
_____No

a. Are there things he/she does now that he/she did not do before he/she was introduced to Healthy, That's Me? What does he/she do differently now?

_____

_____

_____

_____

b. Have you noticed any changes in the way _____ [FIRST NAME ON CHILD ENROLLED IN HEAD START] feels or acts towards nurses, doctors, or dentists? If yes, how have his/her feelings or actions changed?

Feelings: _____

_____

_____

_____

Actions: _____

_____

_____

_____

III. HEALTH BEHAVIORS RELATED TO CHILD(REN)

21. Has _____[FIRST NAME OF CHILD ENROLLED IN HEAD START] been checked by a doctor in the past 12 months?

_____Yes
_____No

22. Has _____[FIRST NAME OF CHILD ENROLLED IN HEAD START] been checked by a dentist in the past 12 months?

_____Yes
_____No

23. Was there any time during the past year when you think _____ /FIRST NAME OF CHILD ENROLLED IN HEAD START/ should have gone to someone to get glasses, or to a doctor, or dentist, but he/she didn't go?

_____Yes
_____No

a. If yes, why didn't he/she go? [DO NOT READ LIST]

_____Didn't know where to take him/her
_____Didn't have time to take him/her
_____Were afraid to take him/her
_____Thought it would be too expensive
_____No transportation
_____Other reason (Specify: _____)

24. When _____ /FIRST NAME OF CHILD ENROLLED IN HEAD START/ needs medical care, where do you usually take him/her? [DO NOT READ LIST]

_____A doctor's private office
_____A private clinic
_____A public health clinic
_____An outpatient clinic at a hospital
_____A friend who helps you
_____Somewhere else (Specify: _____
_____)

25. How many times a day does _____ /FIRST NAME OF CHILD ENROLLED IN HEAD START/ brush his/her teeth? _____
Use dental floss? _____

a. Does _____ /FIRST NAME OF CHILD ENROLLED IN HEAD START/ brush his/her teeth after breakfast? _____Yes _____No Before going to bed? _____Yes _____No

26. What time does _____ /FIRST NAME OF CHILD ENROLLED IN HEAD START/ usually go to bed at night? _____

a. What time does he/she get up in the morning? _____

b. Approximately how many hours of sleep do you think _____ /FIRST NAME OF CHILD ENROLLED IN HEAD START/ should get at night? _____

c. Should _____ /FIRST NAME OF CHILD ENROLLED IN HEAD START/ rest at any other time(s) during the day? If yes, when and for how long?

_____

_____

_____

27. How many times each day does _____ /FIRST NAME OF CHILD ENROLLED IN HEAD START/ eat each of the following foods:

_____Green and yellow vegetables?
_____Fresh fruit?
_____Milk and milk products?
_____Meat, poultry, fish or eggs?
_____Bread, flour, cereals?

a. Are you able to buy all the kinds of food that you think _____ /FIRST NAME OF CHILD ENROLLED IN HEAD START/ should eat?

_____Yes
_____No

IV. HEALTH BEHAVIOR AND ATTITUDES RELATED TO PARENTS

28. In the past 12 months have you been examined by:

A doctor: _____Yes _____No
A dentist: _____Yes _____No
An eye doctor: _____Yes _____No

a. Was there any time during the past year when you think you should have gone to someone to get glasses, or to a doctor, or dentist, but you didn't go?

_____Yes
_____No

If yes, why didn't you go? [DO NOT READ LIST]

_____Didn't know where to go
_____Didn't have time
_____Were afraid
_____Thought it would be too expensive
_____Had no transportation
_____Other (Specify: _____
_____)

29. Do you believe people should see a doctor regularly even if they are well, or do you think people should wait until they are really sick before going to a doctor?

_____Should see a doctor regularly
_____Should wait until really sick

ADDITIONAL COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

THANK YOU VERY MUCH FOR YOUR COOPERATION!

Parent's Name _____

Address _____

Phone Number _____

Head Start Center _____

Date _____

Interviwer _____

SANO, SOY YO ENTREVISTA DEL HEAD START
PARA LOS PADRES DE FAMILIA

Buenos días. Mi nombre es (de su nombre) y soy la/el madre/padre de (de el nombre de su niño) quién está atendiendo junto con su niño/niña el Projecto de Head Start. Así mismo, estoy vinculado(da) al Urban Institute en Washington, D.C. y actualmente estamos tratando de recopilar información acerca de la educación sobre la salud; ésta información será usada luego para el mejoramiento del Programa Head Start. Le importaría hablar conmigo por unos minutos? Sus declaraciones no serán ligadas a su nombre en forma alguna y siempre se mantendrán estrictamente CONFIDENCIAL.

SANO, SOY YO ENTREVISTA DEL HEAD START
PARA LOS PADRES DE FAMILIA

I. INFORMACION PRELIMINAR

1. Cuántos de sus niños han participado en el Programa Head Start?

_____

a. Cuántos de sus niños están participando ahora en el Programa Head Start?

_____

b. Cuánto hace que usted vive en este vecindario?

_____1 año o menos
_____1-2 años
_____3-5 años
_____6-9 años
_____10 años o más

c. Ahora me gustaría hablarle acerca de _____
/USE EL NOMBRE CUANTAS VECES SEA NECESARIO EN EL TRANSCURSO DE ESTA ENTREVISTA/

II. PROGRAMA DE LA EDUCACION SOBRE LA SALUD

2. Sabe usted que le enseñan a los niños acerca de la salud en el centro Head Start?

_____

_____

_____

_____

3. Conoce usted la clase de material usado en el centro para educar los niños acerca de la salud?

_____Si (Especifique: _____
_____)

_____No

a. Conoce usted algún material especial que el centro Head Start use para la educación sobre la salud?

_____Si (Especifique: _____
_____)

_____No

4. Ha sido usted familiarizada con el material de Sano, Soy Yo?

_____Si
_____No

a. Si afirmativo, cómo se enteró acerca de éste material? Quién le mostró el material por primera vez? (Enfermera, doctor, coordinador de salud, padre de familia consultor, etc.)?

_____

_____

_____

_____

b. Si afirmativo, dónde se enteró usted acerca del material?

_____En una reunión del Head Start
_____En el hogar
_____Otro (Especifique: _____)

c. Cuantos pamfletos de Sano, Soy Yo ha recibido usted? (Trate de identificarlos y haga las preguntas d-i y 5-11) /MUESTRELE AL PADRE DE FAMILIA LOS 7 PAMFLETOS/

_____

d. Ha detallado usted alguno de estos pamfletos?

_____Si
_____No

e. En general, cuál es su opinión acerca de los pamflètos en Sano, Soy Yo?

_____

_____

_____

_____

f. Cúales de estos pamfletos han sido de mayor utilidad para usted? Por qué?

_____

_____

_____

_____

g. Cúales de estos pamfletos son los de menor utilidad? Por qué?

_____

_____

_____

_____

h. En qué otra forma se pudieran presentar los pamfletos para que fueran de màs utilidad para usted?

_____

_____

_____

_____

i. Son éstos pamfletos fáciles de entender?

_____Si
_____No

Si negativo, qué es lo que nó entiende? Qué se podría hacer para ayudar a los padres a entender mejor estos pamfletos?

_____

_____

_____

_____

Ahora le voy a hacer algunas preguntas acerca de los 7 pamfletos de Sano, Soy Yo los cuales usted tal vez conoce. /MUESTRE AL PADRE DE FAMILIA LOS 7 PAMFLETOS/

5. Qué tan beneficioso es para usted el pamfleto "Your Part As a Parent in Healthy, That's Me"

_____Muy beneficioso
_____Un poco beneficioso
_____No es beneficioso
_____No lo he recibido
_____No sé, no lo he leído

a. Qué se podría hacer para mejorar este pamfleto?

_____

_____

_____

_____

6. Y el pamfleto "Your Family"? Le ha sido beneficioso?

_____Muy beneficioso
_____Un poco beneficioso
_____No es beneficioso
_____No lo he recibido
_____No sé, no lo he leído

a. Qué se podría hacer para mejorar este pamfleto?

_____

_____

_____

7. Y que tal el pamfleto "Americans All"?

_____Muy beneficioso
_____Un poco beneficioso
_____No es beneficioso
_____No lo he recibido
_____No sé, no lo he leído

a. Qué se podría hacer para mejorar este pamfleto?

_____

_____

_____

8. Y el pamfleto "Making It Easy to Keep Healthy At Home"? Cómo le parece?

_____Muy beneficioso
_____Un poco beneficioso
_____No es beneficioso
_____No lo he recibido
_____No sé, no lo he leído

a. Qué se podría hacer para mejorar este pamfleto?

_____

_____

_____

9. Y el pamfleto "Your Growing Child"?

_____Muy beneficioso
_____Un poco beneficioso
_____No es beneficioso
_____No lo he recibido
_____No se, no lo he leído

a. Qué se podría hacer para mejorar este pamfleto?

_____

_____

_____

10. Y el pamfleto "Dealing with Family Upsets"?

_____Muy beneficioso
_____Un poco beneficioso
_____No es beneficioso
_____No lo he recibido
_____No sé, no lo he leído

a. Qué se podría hacer para mejorar este pamfleto?

_____

_____

_____

11. Y finalmente, que tal el pamfleto "Your Child's Health"?

_____Muy beneficioso
_____Un poco beneficioso
_____No es beneficioso
_____No lo he recibido
_____No sé, no lo he leído

a. Qué se podría hacer para mejorar este pamfleto?

_____

_____

_____

12. Cúal diría usted que es el problema más serio de la salud infantíl en este vecindario?

_____

a. Cree usted que Sano, Soy Yo ayuda a solucionar este problema?

_____Si
_____No
_____No se

13. Qué problema de salud infantíl en este vecindario no recibe suficiente atención?

_____

a. En su concepto, ayuda Sano, Soy Yo a solucionar este problema?

_____Si
_____No
_____Nose

14. Hay problemas de salud en su comunidad los cúales Sano, Soy Yo no ayuda a solucionar? Si afirmativo, cúales son?

_____

_____

_____

_____

a. Hay problemas de salud en su comunidad en las cuales Sano, Soy Yo es especialmente efectivo? Si afirmativo, cuales son?

_____

_____

_____

_____

15. Cree usted saber más acerca de los servicios de salud disponibles en su comunidad desde que usted o _____ /NOMBRE DEL NIÑO QUE ATIENDE EL HEAD START/ tuvieron la oportunidad de conocer el material de Sano, Soy Yo? Si afirmativo, qué aprendió usted de nuevo? (Detalle minuciosamente).

_____

_____

_____

a. A donde iría usted para obtener los siguientes servicios para uno de sus niños?

(1) Vacunas e inyecciones _____
_____

(2) Exámen de los ojos _____
_____

(3) Anteojos _____
_____

(4) Exámen dental _____
_____

(5) Tratamiento dental _____
_____

(6) Exámen de los oidos _____
_____

(7) Tratamiento para las enfermedades de los oidos _____
_____

(8) Exámen medico general _____
_____

(9) Exámenes de laboratorio _____
_____

(10) Tratamiento de urgencia _____
_____

16. La información que usted ha recibido de Sano, Soy Yo le ha hecho cambiar la manera como usted vela por la salud de _____ _____? /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ Si afirmativo, de qué manera le ha hecho cambiar? (Detalle minuciosamente).

_____

_____

_____

_____

17. Ha seguido las sugerencias sobre el cuidado de la salud de _____? /NOMBRE DEL NIÑO ATENDIENDO HEAD START/

_____Si
_____No

a. Si afirmativo, cúales sugerencias ha seguido usted?

_____

_____

_____

b. Si negativo, por qué no?

_____

_____

_____

c. Cúales sugerencias fue usted incapáz de seguir? Por qué?

_____

_____

_____

d. Cuales sugerencias fueron difíciles de seguir? Por qué?

_____

_____

_____

18. Que enfermedades o problemas de salud infantil ha descubierto desde que a usted o a _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ se les dió a conocer el material de Sano, Soy Yo? /NO LEA LA LISTA/

_____Varicela
_____Piorrea
_____Rubeola
_____Impetigo
_____Sarampion
_____Paperas
_____Insalubre
_____Tiña
_____Anemia
_____Garganta Estreptococia
_____Tos Ferina
_____Otra (Especifique:_____
_____)

a. Qué descubrió usted acerca de esta(s) enfermedad(es)?

_____

_____

_____

b. Qué otra clase de problemas de salud ha descubierto usted?

_____

_____

_____

Qué descubrió usted?

_____

_____

_____

c. Mientras se consigue atención médica, qué haría usted en caso de que su niño:

(1) Se parara en un clavo corroido? _____
_____

Cúal sería su preocupación si esto ocurriera?

_____

_____

_____

(2) Ingiriera el contenido de una botella con límpido?_____
_____

Cúal sería su preocupación si esto ocurriera?

(3) Fuera mordido por un perro, un gato, u otro animal?

Cúal sería su preocupación si esto ocurriera?

(4) Tuviera una quebradura?

Cúal sería su preocupación si esto ocurriera?

(5) Tuviera una quemadura grave?

Cúal sería su preocupación si esto ocurriera?

19. Cree usted que es una buena idea tener un programa de educación sobre la salud para padres y niños en esta comunidad? Por qué? Por que nó?

a. En su opinión, que labores debería desempeñar primeramente un programa de esta naturaleza?

Para los niños:

Para los padres: _____

_____

_____

20. Cree usted que _____ /NOMBRE DEL NINO ATENDIENDO HEAD START/ ahora entiende más acerca del cuidado de su salud desde que a el/ella se le dió a conocer el material en Sano, Soy Yo?

_____Si
_____No

a. Hay algo que el/ella haga diferente desde que se le dió conocer el material en Sano, Soy Yo? Que hace diferente?

_____

_____

_____

_____

b. Ha notado usted algun cambio en el comportamiento de _____ /NOMBRE DEL NINO ATENDIENDO HEAD START/ para con las enfermeras, doctores, o dentistas? Si afirmativo, de que manera ha cambiado el/ella su forma de actuar?

Sentimientos: _____

_____

_____

_____

Obras: _____

_____

_____

III. ANTECEDENTES REIACIONADOS CON IA SALUD DE LOS NIÑOS

21. Ha tenido _____ /NOMBRE DEL NINO ATENDIENDO HEAD START/ un examen medico durante los ultimos 12 meses?

_____Si
_____No

22. Ha visitado _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ al dentista durante los últimos 12 meses?

_____Si
_____No

23. Durante el año pasado, hubo alguna vez cuando usted creyó que _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ debería haber visitado a un oculista, un medico, o un dentista, pero el/ella no lo hizo?

_____Si
_____No

a. Si afirmativo, por qué el/ella lo hizo?

_____No sabía donde llevarlo(la)
_____No tenía tiempo de llevarlo(la)
_____Tenía miedo de llevarlo(la)
_____Pensaba que sería muy caro
_____No tenía transporte
_____Otro (Especifique: _____)

24. Cuando _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ necesita atención medica a donde lo/la lleva usted normalmente?

_____Doctor privado
_____Clinica Privada
_____Clinica pública
_____Clinica de urgencias
_____Un amigo
_____En otro parte (Especifique: _____)
_____

25. Cuantas veces al día se cepilla _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ los dientes? Usa el/ella la seda dental?

_____

a. Se cepilla _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ los dientes después del desayuno?

_____Si _____No Antes de ir acostarse? _____Si _____No

26. Regularmente a que hora se acuesta _____ /NOMBRE DEL NINO ATENDIENDO HEAD START/ por la noche?

_____

a. A que hora se levanta el/ella en la mañana? _____

b. Aproximadamente cuantas horas de sueño cree usted que _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ necesita en la noche? _____

c. Usted cree que _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ debe de tomar una siesta durante el día? Si afirmativo, cuando y por cuanto tiempo?

_____

_____

_____

27. Cuantas veces al día come_____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ cada uno de los siguientes alimentos:

_____Vegetales amarillos y verdes?
_____Fruta fresca?
_____Leche y sus derivados?
_____Carne, pollo, pescado o huevos?
_____Pan, harina, cereales?

a. Puede usted comprar todos los alimentos que _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ necesita?

_____Si
_____No

IV. ANTECEDENTES RELACIONADOS CON LA SALUD DE LOS PADRES

28. Ha sido usted examinado durante los últimos 12 meses:

Por un doctor: _____Si _____No
Por un dentista: _____Si _____No
Por un oculista: _____Si _____No

a. Durante el año pasado hubo alguna vez cuando usted creyó que debería haber visitado al oculista, al doctor, o al dentista, pero no lo hizo?

_____Si
_____No

Si afirmativo, por qué no lo hizo? /NO LEA LA LISTA/

_____ No sabía donde ir
_____ No tenía tiempo
_____ Tenía miedo
_____ Pensaba que era muy costoso
_____ No tenía transporte
_____ Otro (Especifique: _____
_____)

29. Cree usted que una persona debe visitar regularmente al doctor aunque no esté enferma; o cree usted que solo debe hacerse en caso de una enfermedad?

_____Debe visitar al doctor regularmente
_____Debe visitar al doctor solo en caso de enfermedad

COMENTARIOS ADICIONALES:

MUCHAS GRACIAS POR SU COOPERACION!

Parent's Name _____

Address _____

Phone Number _____

Head Start Center _____

Date _____

Interviewer _____

HEAD START PARENT INTERVIEW

Hello. I'm (give name) and the mother/father of (give name), one of the children in your son's/daughter's Head Start project. I'm also working for the Urban Institute in Washington, D.C. and we are collecting information needed to improve health education in the Head Start Program. Would you mind talking to me for a few minutes? What you say will not be associated with your name in any way and will be kept strictly confidential.

HEAD START PARENT INTERVI

I. INTRODUCTORY INFORMATION

1. How many of your children have been in the Head Start Program?

_____

a. How many of your children are now enrolled in Head Start?

_____

b. How long have you lived in this neighborhood?

_____1 year or less
_____1-2 years
_____3-5 years
_____6-9 years
_____10 years or more

c. Now I'd like to talk to you about _____
[USE AS APPROPRIATE THROUGHOUT INTERVIEW]

II. HEALTH EDUCATION PROGRAM

2. Do you know what they teach the children about health at the Head Start center?

_____

_____

_____

_____

3. Do you know what kinds of things are used at the center to teach the children about health?

_____Yes (Describe: _____
_____)

_____No

a. Do you know of any special health education materials that are used at the Head Start center?

_____Yes (Describe: _____
_____)

_____No

4. If yes, how did you happen to find out about these materials? Who was involved in introducing the materials to you (nurse, doctor, health coordinator, parent consultant, etc.)?

_____

_____

_____

_____

a. If yes, when did you find out about these materials?

_____At Head Start meetings
_____At home
_____Other (Specify: _____)

b. Have you looked at any of these materials?

_____Yes
_____No

5. What would you say is the most serious child health problem in this neighborhood?

_____

a. In your opinion, does the health education part of your child's Head Start Program help you deal with this problem?

_____Yes
_____No
_____Don't know

6. What child health problem in this neighborhood is not getting enough attention?

_____

a. In your opinion, does the health education part of your child's Head Start Program help you deal with this problem?

_____Yes
_____No
_____Don't know

7. Are there any health problems in your community that Head Start doesn't help you with? If yes, which ones?

_____

_____

_____

a. Are there any health problems in your community that Head Start does a very good job with? If yes, which ones?

_____

_____

_____

_____

_____

8. Do you feel that you know more about the health services available to you since _____[FIRST NAME OF CHILD ENROLLED IN HEAD START] has been enrolled in Head Start? If yes, what did you learn that you didn't know before? (Probe fully).

_____

_____

_____

a. Where would you go to obtain the following services for one of your children?

1. Vaccinations/immunizations _____
_____

2. An eye test _____
_____

3. Eye glasses _____
_____

4. A dental examination _____
_____

5. Dental treatment _____
_____

6. A hearing test _____
_____

7. Treatment for a hearing problem _____
_____

8. A general medical check-up _____
_____

9. Laboratory tests _____
_____

10. Emergency treatment _____
_____

9. Has the health information that you've received from Head Start made any difference in the way you care for _____'s [FIRST NAME OF CHILD ENROLLED IN HEAD START] health? If yes, in what way has it made a difference? (Probe fully).

_____

_____

_____

10. Have you followed any of the suggestions about caring for _____'s [FIRST NAME OF CHILD ENROLLED IN HEAD START] health?

_____Yes
_____No
_____No suggestions offered

a. If yes, which suggestions have you followed?

_____

_____

_____

b. If no, why not?

_____

_____

_____

c. Which suggestions, if any, are you unable to follow? Why?

_____

_____

_____

d. Which suggestions, if any, were hard to follow? Why?

_____

_____

_____

11. Which childhood illnesses or health problems have you learned more about since _____ [FIRST NAME OF CHILD ENROLLED IN HEAD START] has been enrolled in the Head Start Program? [DO NOT READ LIST]

_____Chicken Pox
_____Dental Disease
_____German Measles
_____Impetigo
_____Measles
_____Mumps
_____Nutritional Deficiency
_____Ringworm
_____Sickle Cell Anemia
_____Strep Throat
_____Whooping Cough
_____Other (Specify: _____
_____)

a. What have you learned about this (these) illness(es) that you didn't know before?

_____

_____

_____

b. What other health problems have you learned more about?

_____

_____

_____

What have you learned that you didn't know before?

_____

_____

_____

c. Until you could get your child to a doctor, what would you do if your child:

(1) Stepped on a rusty nail? _____
_____

What would you have to worry about if this happened?

_____
_____
_____

(2) Swallowed a bottle containing cleaning fluid? _____
_____
_____

What would you have to worry about if this happened?

(3) Was bitten by a dog, cat, or other animal? _____

What would you have to worry about if this happened?

(4) Appeared to have broken a bone? _____

What would you have to worry about if this happened?

(5) Burned himself/herself badly? _____

What would you have to worry about if this happened?

12. Do you think it's a good idea to have a health education program for young children and their parents in this community? Why? Why not?

a. What are the first things you think such a health education program should work on?

For children: _____

For parents: _____

_____

_____

13. Do you think _____[FIRST NAME OF CHILD ENROLLED IN HEAD START] understands more about how to care for his/her health since he/she has been enrolled in the Head Start Program?

_____Yes
_____No

a. Are there things he/she does now that he/she did not do before he/she was enrolled in Head Start? What does he/she do differently now?

_____

_____

_____

_____

b. Have you noticed any changes in the way _____ [FIRST NAME ON CHILD ENROLLED IN HEAD START] feels or acts towards nurses, doctors, or dentists? If yes, how have his/her feelings or actions changed?

Feelings: _____

_____

_____

_____

Actions: _____

_____

_____

_____

III. HEALTH BEHAVIORS RELATED TO CHILD(REN)

14. Has _____[FIRST NAME OF CHILD ENROLLED IN HEAD START] been checked by a doctor in the past 12 months?

_____Yes
_____No

15. Has _____[FIRST NAME OF CHILD ENROLLED IN HEAD START] been checked by a dentist in the past 12 months?

_____Yes
_____No

16. Was there any time during the past year when you think _____ /FIRST NAME OF CHILD ENROLLED IN HEAD START/ should have gone to someone to get glasses, or to a doctor, or dentist, but he/she didn't go?

_____Yes
_____No

a. If yes, why didn't he/she go? [DO NOT READ LIST]

_____Didn't know where to take him/her
_____Didn't have time to take him/her
_____Were afraid to take him/her
_____Thought it would be too expensive
_____No transportation
_____Other reason (Specify: _____)

17. When _____ /FIRST NAME OF CHILD ENROLLED IN HEAD START/ needs medical care, where do you usually take him/her? [DO NOT READ LIST]

_____A doctor's private office
_____A private clinic
_____A public health clinic
_____An outpatient clinic at a hospital
_____A friend who helps you
_____Somewhere else (Specify: _____
_____)

18. How many times a day does _____ /FIRST NAME OF CHILD ENROLLED IN HEAD START/ brush his/her teeth? _____
Use dental floss? _____

a. Does _____ /FIRST NAME OF CHILD ENROLLED IN HEAD START/brush his/her teeth after breakfast? _____Yes _____No Before going to bed? _____Yes _____No

19. What time does _____ /FIRST NAME OF CHIID ENROLLED IN HEAD START/usually go to bed at night? _____

a. What time does he/she get up in the morning?_____

b. Approximately how many hours of sleep do you think _____ /FIRST NAME OF CHILD ENROLLED IN HEAD START/ should get at night? _____

c. Should _____ /FIRST NAME OF CHILD ENROLLED IN HEAD START/ rest at any other time(s) during the day? If yes, when and for how long?

_____

_____

_____

20. How many times each day does _____ /FIRST NAME OF CHILD ENROLLED IN HEAD START/ eat each of the following foods:

_____Green and yellow vegetables?
_____Fresh fruit?
_____Milk and milk products?
_____Meat, poultry, fish or eggs?
_____Bread, flour, cereals?

a. Are you able to buy all the kinds of food that you think _____ /FIRST NAME OF CHILD ENROLLED IN HEAD START/should eat?

_____Yes
_____No

IV. HEALTH BEHAVIOR AND ATTITUDES RELATED TO PARENTS

21. In the past 12 months have you been examined by:

A doctor: _____Yes _____No
A dentist: _____Yes _____No
An eye doctor: _____Yes _____No

a. Was there any time during the past year when you think you should have gone to someone to get glasses, or to a doctor, or dentist, but you didn't go?

_____Yes
_____No

If yes, why didn't you go? [DO NOT READ LIST]

_____Didn't know where to go
_____Didn't have time
_____Were afraid
_____Thought it would be too expensive
_____Had no transportation
_____Other (Specify: _____
_____)

22. Do you believe people should see a doctor regularly even if they are well, or do you think people should wait until they are really sick before going to a doctor?

_____Should see a doctor regularly
_____Should wait until really sick

ADDITIONAL COMMENTS:

THANK YOU VERY MUCH FOR YOUR COOPERATION!

Parent's Name _____

Address _____

Phone Number _____

Head Start Center _____

Date _____

Interviewer _____

ENTREVISTA DEL HEAD START PARA LOS PADRES DE FAMILIA

Buenos días. Mi nombre es (de su nombre) y soy la/el padre de (dé el nombre de su niño) quién está atendiendo junto con su niño/niña el Projecto de Head Start. Así mismo, estoy vinculado(da) al Urban Institute en Washington, D.C. y actualmente estamos tratando de recopilar información acerca de la educación sobre la salud; ésta información será usada luego para el mejoramiento del Programa Head Start. Le importaría hablar conmigo por unos minutos? Sus declaraciones no serán ligadas a su nombre en forma alguna y siempre se mantendrán estrictamente CONFIDENCIAL.

ENTREVISTA DEL HEAD START PARA LOS PADRES DE FAMILIA

I. INFORMACION PRELIMINAR

1. Cuántos de sus niños han participado en el Programa Head Start?

   _____

   a. Cuántos de sus niños están participando ahora en el Programa Head Start?

      _____

   b. Cuánto hace que usted vive en este vecindario?

      _____1 año o menos
      _____1-2 años
      _____3-5 años
      _____6-9 años
      _____10 años o más

   c. Ahora me gustaría hablarle acerca de _____
      /USE EL NOMBRE CUANTAS VECES SEA NECESARIO EN EL TRANSCURSO DE ESTA ENTREVISTA/

II. PROGRAMA DE LA EDUCACION SOBRE LA SALUD

2. Sabe usted que le enseñan a los niños acerca de la salud en el centro Head Start?

   _____

   _____

   _____

   _____

3. Conoce usted la clase de material usado en el centro para educar los niños acerca de la salud?

   _____Si (Especifique: _____
   _____)

   _____No

4. Si afirmativo, cómo se enteró acerca de éste material? Quién le mostró el material por primera vez? (Enfermera, doctor, coordinador de salud, padre de familia consultor, etc.)?

_____

_____

_____

_____

a. Si afirmativo, dónde se enteró usted acerca del material?

_____En una reunión del Head Start
_____En el hogar
_____Otro (Especifique: _____)

b. Ha detallado usted alguno de estos pamfletos?

_____Si
_____No

5. Cúal diría usted que es el problema más serio de la salud infantíl en este vecindario?

_____

a. Cree usted que el Programa Head Start le ayuda a solucionar estos problemas?

_____Si
_____No
_____No se

6. Qué problema de salud infantíl en este vecindario no recibe suficiente atención?

_____

a. En su concepto, el Programa Head Start le ayuda a solucionar estos problemas?

_____Si
_____No
_____No se

7. Hay problemas de salud en su comunidad los cúales Head Start no ayuda a solucionar? Si afirmativo, cuales son?

_____

_____

_____

a. Hay problemas de salud en su comunidad en los cuales Head Start es expecialmente efectivo? Si afirmativo, cuales son?

_____

_____

_____

_____

8. Cree usted saber más acerca de los servicios de salud disponibles para usted desde que _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ esta atendiendo el Program Head Start? Si afirmativo, que aprendió usted de nuevo? (Detalle minuciosamente).

_____

_____

_____

a. A donde iría usted para obtener los siguientes servicios para uno de sus niños?

(1) Vacunas e inyecciones _____

_____

(2) Exámen de los ojos _____

_____

(3) Anteojos _____

_____

(4) Exámen dental _____

_____

(5) Tratamiento dental _____

_____

(6) Exámen de los oidos _____

_____

(7) Tratamiento para las enfermedades de los oidos _____

_____

(8) Exámen medico general_____

_____

(9) Exámenes de laboratorio _____

_____

(10) Tratamiento de urgencia _____

_____

9.. La información que usted ha recibido de Head Start le ha hecho cambiar la manera como usted vela por la salud de_____ _____? /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ Si afirmativo, de qué manera le ha hecho cambiar? (Detalle minuciosamente).

_____

_____

_____

10. Ha seguido las sugerencias sobre el cuidado de la salud de _____? /NOMBRE DEL NIÑO ATENDIENDO HEAD START/

_____Si
_____No
_____Ninguna Sugerencia Propuesta

a. Si afirmativo, cúales sugerencias ha seguido usted?

_____

_____

_____

b. Si negativo, por qué no?

_____

_____

_____

c. Cúales sugerencias fue usted incapáz de seguir? Por qué?

_____

_____

_____

d. Cuales sugerencias fueron difíciles de seguir? Por qué?

_____

_____

_____

11. Que enfermedades o problemas de salud infantil ha descubierto desde que _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ empezó a atender el Programa Head Start? /NO LEA LA LISTA/

_____Varicela
_____Piorrea
_____Rubeola
_____Impetigo
_____Sarampion
_____Paperas
_____Insalubre
_____Tiña
_____Anemia
_____Garganta Estreptococia
_____Tos Ferina
_____Otra (Especifique:_____
_____)

a. Qué descubrió usted acerca de esta(s) enfermedad(es)?

_____

_____

_____

b. Qué otra clase de problemas de salud ha descubierto usted?

_____

_____

_____

Qué descubrió usted?

_____

_____

_____

c. Mientras se consigue atención médica, qué haría usted en caso de que su niño:

(1) Se parara en un clavo corroido? _____
_____

Cúal sería su preocupación si esto ocurriera?
_____
_____
_____

(2) Ingiriera el contenido de una botella con límpido?_____
_____

Cual sería su preocupación si esto ocurriera?

(3) Fuera mordido por un perro, un gato, u otro animal?

Cual sería su preocupación si esto ocurriera?

(4) Tuviera una quebradura?

Cual sería su preocupación si esto ocurriera?

(5) Tuviera una quemadura grave?

Cual sería su preocupación si esto ocurriera?

12. Cree usted que es una buena idea tener un programa de educación sobre la salud para padres y niños en esta comunidad? Por qué? Por que nó?

a. En su opinión, que labores debería desempeñar primeramente un programa de esta naturaleza?

Para los niños:

Para los padres: _____

_____

_____

13. Cree usted que _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ ahora entiende más acerca del cuidado de su salud desde que empezó a atender el Program Head Start?

_____Si
_____No

a. Hay algo que el/ella haga diferente desde que empezó a atender el Programa Head Start?

_____

_____

_____

_____

b. Ha notado usted algun cambio en el comportamiento de _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ para con las enfermeras, doctores, o dentistas? Si afirmativo, de que manera ha cambiado el/ella su forma de actuar?

Sentimientos: _____

_____

_____

_____

Obras: _____

_____

_____

III. ANTECEDENTES RELACIONADOS CON LA SALUD DE LOS NIÑOS

14. Ha tenido _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ un examen medico durante los últimos 12 meses?

_____Si
_____No

15. Ha visitado _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ al dentista durante los últimos 12 meses?

_____Si
_____No

16. Durante el año pasado, hubo alguna véz cuando usted creyó que _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ debería haber visitado a un oculista, un médico, o un dentista, pero el/ella no lo hizo?

_____Si
_____No

a. Si afirmativo, por qué el/ella lo hizo? /NO LEA LA LISTA/

_____No sabia donde llevarlo(la)
_____No tenia tiempo de llevarlo(la)
_____Tenia miedo de llevarlo(la)
_____Pensaba que sería muy caro
_____No tenía transporte
_____Otro (Especifique: _____)

17. Cuando _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ necesita atención médica a dónde lo/la lleva usted normalmente? /NO LEA LA LISTA/

_____Doctor privado
_____Clinica Privada
_____Clinica pública
_____Clinica de urgencias
_____Un amigo
_____En otro parte (Especifique: _____
_____)

18. Cuantas veces al día se cepilla _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ los dientes? Usa el/ella la seda dental?

_____

a. Se cepilla _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ los dientes después del desayuno?

_____Si _____No Antes de ir acostarse? _____Si _____No

19. Regularmente a que hora se acuesta _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ por la noche?

_____

a. A que hora se levanta el/ella en la mañana? _____

b. Aproximadamente cuántas horas de sueño cree usted que _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ necesita en la noche? _____

c. Usted cree que _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ debe de tomar una siesta durante el dia? Si afirmativo, cuándo y por cuánto tiempo?

_____

_____

_____

20. Cuantas veces al día come _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ cada uno de los siguientes alimentos:

_____Vegetales amarillos y verdes?
_____Fruta fresca?
_____Leche y sus derivados?
_____Carne, pollo, pescado o huevos?
_____Pan, harina, cereales?

a. Puede usted comprar todos los alimentos que _____ /NOMBRE DEL NIÑO ATENDIENDO HEAD START/ necesita?

_____Si
_____No

IV. ANTECEDENTES RELACIONADOS CON LA SALUD DE LOS PADRES

21. Ha sido usted examinado durante los últimos 12 meses:

Por un doctor: _____Si _____No
Por un dentista: _____Si _____No
Por un oculista: _____Si _____No

a. Durante el año pasado hubo alguna vez cuando usted creyó que debería haber visitado al oculista, al doctor, o al dentista, pero no lo hizo?

_____Si
_____No

Si afirmativo, por que no lo hizo? /NO LEA LA LISTA/

_____ No sabía donde ir
_____ No tenía tiempo
_____ Tenía miedo
_____ Pensaba que era muy costoso
_____ No tenía transporte
_____ Otro (Especifique: _____
_____)

22. Cree usted que una persona debe visitar regularmente al doctor aunque no este enferma; o cree usted que solo debe hacerse en caso de una enfermedad?

_____Debe visitar al doctor regularmente
_____Debe visitar al doctor solo en caso de enfermedad

COMENTARIOS ADICIONALES:

MUCHAS GRACIAS POR SU COOPERACION!

SECTION II

INSTRUMENTS USED FOR DATA COLLECTION, SPRING 1973

Director (or health education specialist): _____

Title: _____

Center: _____

HEALTHY, THAT'S ME HEAD START DIRECTOR INTERVIEW

I. GENERAL DESCRIPTION

1. Are there planned health education activities for parents?
____Yes ____No For children? ____Yes ____No

a. (If no) How is the health education component handled?

_____

_____

2. Have you supplemented the Healthy, That's Me curriculum guide with your own health education activities?

____Yes
____No [GO TO QUESTION 3]

a. (If yes) Describe: _____

_____

_____

_____

II. HEALTHY, THAT'S ME

3. Have you used the Healthy, That's Me children's book in your progra.?

____Yes [GO TO QUESTION 4]
____No

a. (If no) Why not? _____

_____

_____

_____

4. Which of the parent handbooks have been introduced to the parents in your program? [CHECK APPROPRIATE HANDBOOKS]

____"Your Part as a Parent in Healthy, That's Me"
____"Your Family"
____"Americans All"
____"Making it Easier to Keep Healthy at Home"
____"Your Growing Child"
____"Dealing with Family Upsets"
____"Your Child's Health"

a. Approximately how many parents have received each of the Healthy, That's Me handbooks? As I read the name of each handbook please indicate if all, most, some, a few, or none of the parents have received it.

	All	Most	Some	Few	None
a. "Your Part as a Parent in Healthy, That's Me"					
b. "Your Family"					
c. "Americans All"					
d. "Making it Easier to Keep Healthy at Home"					
e. "Your Growing Child"					
f. "Dealing with Family Upsets"					
g. "Your Child's Health"					

b. What problems, if any, have you had in introducing the parent handbooks?

_____

_____

_____

_____

III. PARENT HEALTH EDUCATION

5. Did you have group health education for the parents?

____Yes
____No [GO TO QUESTION 6]

a. (If yes) How did you determine what was to be covered?

_____

_____

b. (If yes) Who conducted each session and what topics were covered?

By Whom	Topic(s) Covered
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

c. (If yes) What proportion of parents usually attended the group parent health education sessions? _____

6. Have one-to-one health education sessions been held with parents?

____Yes
____No [GO TO QUESTION 7]

a. (If yes) Who conducted the one-to-one sessions for parents?

_____

b. (If yes) Where did these sessions take place?

____Parent's home
____Other (Describe: _____
_____)

c. (If yes) With approximately what proportion of your parents have one-to-one health education sessions been held? _____

d. (If yes) How did you determine what was to be covered?

_____

_____

7. What problems have been encountered in the parent health education component? [DO NOT READ LIST]

____Poor attendance
____Lack of resource materials
____Lack of expertise
____Lack of personnel
____Other (Describe: _____
_____)

IV. HEALTH EDUCATION FOR CHILDREN

8. Did you have group health education sessions for the children?

____Yes
____No [GO TO QUESTION 9]

a. (If yes) How did you determine what was to be covered?

_____

_____

b. (If yes) Who conducted each session and what topics were covered?

By Whom	Topic(s) Covered
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. Were one-to-one health education sessions held with children?

____Yes
____No [GO TO QUESTION 10]

a. (If yes) Who conducted the one-to-one sessions for children?

_____

_____

b. (If yes) How did you determine what was to be covered?

_____

_____

10. What problems have been encountered in the health education component for children? [DO NOT READ LIST]

____Lack of resource materials
____Lack of expertise
____Lack of personnel
____Other (Describe: _____
_____)

V. TEACHER TRAINING

11. Who was responsible for training your Head Start staff to use the Healthy, That's Me curriculum guide? Where can we get in touch with him/her?

Name: _____

Address: _____

Phone: _____

a. What method did he/she use to introduce the guide?

____LJA (To what extent?) _____
_____

____Other (Specify: _____
_____)

____Don't know

b. How was _____[TRAINER'S NAME] introduced to the curriculum guide?

____Attended LJA training session
____Trained by person who attended LJA training session
____Self-trained
____Other (Specify: _____
_____)

____Don't know

12. How many of your staff have been trained to use Healthy, That's Me?

_____

a. How many of these staff are teachers?

_____

13. How many training sessions were conducted to train your staff in the use of Healthy, That's Me?

_____

14. Who conducted each training session? [RECORD NAME; TITLE; ANNUAL SALARY (INCLUDING NUMBER OF MONTHS ON WHICH THIS FIGURE IS BASED); AND APPROXIMATE NUMBER OF HOURS SPENT IN TRAINING HEAD START STAFF IN USE OF HEALTHY, THAT'S ME]

Name	Title	Annual Salary	Approximate number of hours spent training

15. Can you think of any other costs incurred (materials, etc.) to train your staff to use the curriculum guide, in addition to the salaries of the people involved?

____Yes
____No [END OF INTERVIEW]

(If yes) Which costs? [LIST THE ITEM AND ITS APPROXIMATE COST]

Item	Approximate Cost
a.	
b.	
c.	
d.	

THANK YOU VERY MUCH FOR YOUR COOPERATION!

Director (or health education specialist): _____

Title: _____

Center: _____

HEALTH EDUCATION HEAD START DIRECTOR INTERVIEW

I. GENERAL DESCRIPTION

1. Do you have a formal health education component in your project (defined as a planned, organized activity with specific topics to cover)?

____Yes [GO TO QUESTION 2]
____No

a. (If no) Is there anything being done that can generally be described as "health education?"

____Yes
____No [END OF INTERVIEW]

2. Have there been planned health education activities for parents?
_____Yes _____No For children? ____Yes _____No

3. What materials are you using in your health education program? [IDENTIFY DEVELOPER]

_____

_____

_____

II. PARENT HEALTH EDUCATION

4. Did you have group health education for the parents?

____Yes
____No [GO TO QUESTION 5]

a. (If yes) How did you determine what was to be covered?

_____

_____

b. (If yes) Who conducted each session and what topics were covered?

By Whom	Topic(s) Covered
_____	_____
_____	_____
_____	_____

c. (If yes) What proportion of parents usually attended the group parent health education sessions? _____

5. Have one-to-one health education sessions been held with parents?

_____Yes
_____No [GO TO QUESTION 6]

a. (If yes) Who conducted the one-to-one sessions for parents?

_____

b. (If yes) Where did these sessions take place?

____Parent's home
____Other (Describe: _____
_____)

c. (If yes) With approximately what proportion of your parents have one-to-one health education sessions been held? _____

d. (If yes) How did you determine what was to be covered?

_____

_____

6. What problems have been encountered in the parent health education component? [DO NOT READ LIST]

____Poor attendance
____Lack of resource materials
____Lack of expertise
____Lack of personnel
____Other (Describe: _____
_____)

III. HEALTH EDUCATION FOR CHILDREN

7. Did you have group health education sessions for the children?

____Yes
____No [GO TO QUESTION 8]

a. (If yes) How did you determine what was to be covered?

_____

_____

b. (If yes) Who conducted each session and what topics were covered?

By Whom	Topic(s) Covered
_____	_____
_____	_____
_____	_____

8. Were one-to-one health education sessions held with children?

____Yes
____No [GO TO QUESTION 9]

a. (If yes) Who conducted the one-to-one sessions for children?

_____

_____

b. (If yes) How did you determine what was to be covered?

_____

_____

9. What problems have been encountered in the health education component for children? [DO NOT READ LIST]

____Lack of resource materials
____Lack of expertise
____Lack of personnel
____Other (Describe: _____
_____)

THANK YOU VERY MUCH FOR YOUR COOPERATION!

Head Start Center _____

Date _____

Interviewer(s)_____

HEALTHY, THAT'S ME HEAD START STAFF
GROUP INTERVIEW

As you know, we are now in the second year of our evaluation of Head Start experiences with health education materials currently in use in the Head Start Program. In order to assess your experiences with Healthy, That's Me as they relate to children, parents and staff at this center, we would like to ask you some questions as a group. Later on, we will have a few questions for some of you to answer individually. Your responses will not be associated with your names in any way. We are interested in the opinions of Head Start teachers, nurses, education directors, and others in centers throughout the country and are not at all interested in identifying the names of individual Head Start staff members.

Part I (GROUP INTERVIEW)

1. Now that you have been using the health education curriculum guide Healthy, That's Me for a year we would like to know if your opinions about the guide have changed. Would you now say that your attitude toward the guide is favorable, unfavorable, or neither favorable nor unfavorable? [RECORD NUMBER OF PERSONS IN EACH CATEGORY]

   ____Favorable
   ____Unfavorable
   ____Neither favorable nor unfavorable

---

2. During the past year, how easily have you been able to incorporate the Healthy, That's Me materials into the total Head Start Program?

   ____Very easily
   ____Fairly easily
   ____Not easily
   ____Not at all

---

3. How well do you think you were prepared to use Healthy, That's Me with Head Start children?

   ____Well prepared
   ____Average preparation
   ____Poorly prepared

   a. How well do you think you were prepared to use Healthy, That's Me with Head Start parents?

      ____Well prepared
      ____Average preparation
      ____Poorly prepared

---

4. Can you think of any specific health problems in your community that should either be addressed or receive more emphasis in Healthy, That's Me?

   _____

   _____

   _____

---

5. In answering the next few questions, please refer if possible to specific pages in Healthy, That's Me.

   a. Can you suggest any changes that might improve the unit "All About Me"?

      ____Have not worked with this unit

      Suggested changes: _____

b. Can you suggest any changes that might improve the unit "Me and My Folks"?

____Have not worked with this unit

Suggested changes: _____

c. Can you suggest any changes that might improve the unit "Where I Live"?

____Have not worked with this unit

Suggested changes:_____

d. Can you suggest any changes that might improve the unit "I'm Growing and Changing"?

____Have not worked with this unit

Suggested changes: _____

e. Can you suggest any changes that might improve the unit "Who Helps Me Take Care of My Health"?

____Have not worked with this unit

Suggested changes: _____

6. Are you using the Healthy, That's Me children's book in your classroom?

____Yes
____No [GO TO QUESTION 7]

a. (If yes) How are you using the children's book?

b. (If yes) Would you suggest any char es that might improve it? Do you feel any differently about it than when we last spoke to you?

7. How do you feel about the idea of having a children's book to use in the Head Start Program?

8. Do you have any suggestions for changes in the parent handbooks? Has your opinion of the material in these handbooks changed during the past year?

THANK YOU VERY MUCH FOR YOUR COOPERATION!

Head Start Center _____

Date _____

HEALTHY, THAT'S ME HEAD START STAFF
INDIVIDUAL INTERVIEW

To add to our information on Head Start teacher experiences with health education materials, we would appreciate your responses to the following seven (7) questions. As before, you can be sure your responses will not be associated with your name in any way. Therefore, do not put your name on the interview form.

Part II (INDIVIDUAL INTERVIEW)

1. In your opinion, how well prepared are most of your Head Start parents to deal with the health problems and needs of their children?

____Well prepared
____Average preparation
____Poorly prepared

---

2. How well prepared do you feel to talk about the following topics related to the health of your Head Start children?

	Well Prepared	Average Preparation	Poorly Prepared
a. Body parts and functions			
b. Roles of family members			
c. Individual emotions and emotional growth			
d. Ethnic and racial differences			
e. Accident prevention			
f. Home safety			
g. Physical development and growth			
h. Good grooming			
i. Food and nutrition			
j. Personal hygiene			
k. Visiting doctors, dentists and nurses			

3. What kind of first aid would you provide for a child if he or she:

a. Stepped on a rusty nail? _____

_____

_____

b. Swallowed cleaning fluid? _____

_____

_____

c. Were bitten by a dog, cat, or other animal? _____

_____

_____

d. Appeared to have broken a bone? _____

_____

_____

e. Burned himself/herself badly? _____

_____

_____

4. Below is a list of some common childhood diseases that are communicable. Please fill in as much information about each disease as you can.

	How can this disease be prevented?	What are its symptoms?	For how long is it communicable?
a. Chicken pox			
b. German measles			
c. Impetigo			
d. Measles			
e. Mumps			
f. Ringworm			
g. Whooping cough			

IN ANSWERING QUESTIONS 5 AND 6, PLEASE THINK ONLY OF THOSE CHILDREN WHO ENTERED HEAD START FOR THE FIRST TIME AT THE BEGINNING OF THIS PROGRAM YEAR.

5. For each of the following aspects of health, please indicate whether most, some, few, or none of your Head Start children have an adequate awareness of or information about the following: [CHECK APPROPRIATE BOXES]

	Most	Some	Few	None
a. Personal identity				
b. Body parts and functions				
c. Environmental safety				
d. Home safety				
e. Accident prevention				
f. Value of different roles of family members				
g. Brushing teeth				
h. Good grooming				
i. Good nutrition and healthy foods				
j. Washing hands and body cleanliness				
k. Visiting the doctor and dentist				
l. Cleaning up play areas				
m. Motor development and exercises				

6. In your opinion, how many of your Head Start children:

	Most	Some	Few	None
a. Often come to school hungry?				
b. Often come to school inappropriately or inadequately dressed for the weather?				
c. Often come to school tense or upset?				
d. Are willing to share and take turns?				
e. Talk about the foods they eat and their eating experiences?				
f. Wash their hands after going to the bathroom without being told?				

7. Did you receive any specific training to prepare you to use the Healthy, That's Me curriculum guide?

___Yes
___No

a. [IF NO TRAINING RECEIVED] How did you prepare to use the curriculum guide?

_____

_____

_____

_____

_____

b. [IF RECEIVED TRAINING] How useful was this training in helping you work with Head Start children and parents?

With Children	With Parents
___Very useful	___Very useful
___Somewhat useful	___Somewhat useful
___Not useful	___Not useful

c. [IF RECEIVED TRAINING] If you were to present this training, what additions or changes would you make? What type of training might have been more useful to you in addition to or instead of what you received?

_____

_____

_____

_____

_____

THANK YOU VERY MUCH FOR YOUR COOPERATION!

Head Start Center _____

Date _____

HEAD START STAFF INTERVIEW

As you know, The Urban Institute is now in the second year of its evaluation of Head Start experiences with health education materials currently in use in the Head Start Program. In order to assess your experiences with health education as they relate to children, parents and staff at this center, we would appreciate your responses to the following six (6) questions. You can be sure your responses will not be associated with your name in any way. Therefore, do not put your name on the interview form.

1. In your opinion, how well prepared are most of your Head Start parents to deal with the health problems and needs of their children?

____Well prepared
____Average preparation
____Poorly prepared

2. How well prepared do you feel to talk about the following topics related to the health of your Head Start children?

	Well Prepared	Average Preparation	Poorly Prepared
a. Body parts and functions			
b. Roles of family members			
c. Individual emotions and emotional growth			
d. Ethnic and racial differences			
e. Accident prevention			
f. Home safety			
g. Physical development and growth			
h. Good grooming			
i. Food and nutrition			
j. Personal hygiene			
k. Visiting doctors, dentists and nurses			

3. What kind of first aid would you provide for a child if he or she:

   a. Stepped on a rusty nail? _____

   _____

   _____

   b. Swallowed cleaning fluid? _____

   _____

   _____

   c. Were bitten by a dog, cat, or other animal? _____

   _____

   _____

   d. Appeared to have broken a bone? _____

   _____

   _____

   e. Burned himself/herself badly? _____

   _____

   _____

4. Below is a list of some common childhood diseases that are communicable. Please fill in as much information about each disease as you can.

	How can this disease be prevented?	What are its symptoms?	For how long is it communicable?
a. Chicken pox			
b. German measles			
c. Impetigo			
d. Measles			
e. Mumps			
f. Ringworm			
g. Whooping cough			

IN ANSWERING QUESTIONS 5 AND 6, PLEASE THINK ONLY OF THOSE CHILDREN WHO ENTERED HEAD START FOR THE FIRST TIME AT THE BEGINNING OF THIS PROGRAM YEAR.

5. For each of the following aspects of health, please indicate whether most, some, few or none of your Head Start children have an adequate awareness of or information about the following: [CHECK APPROPRIATE BOXES]

	Most	Some	Few	None
a. Personal identity				
b. Body parts and functions				
c. Environmental safety				
d. Home safety				
e. Accident prevention				
f. Value of different roles of family members				
g. Brushing teeth				
h. Good grooming				
i. Good nutrition and healthy foods				
j. Washing hands and body cleanliness				
k. Visiting the doctor and dentist				
l. Cleaning up play areas				
m. Motor development and exercises				

6. In your opinion, how many of your Head Start children:

	Most	Some	Few	None
a. Often come to school hungry?				
b. Often come to school inappropriately or inadequately dressed for the weather?				
c. Often come to school tense or upset?				
d. Are willing to share and take turns?				
e. Talk about the foods they eat and their eating experiences?				
f. Wash their hands after going to the bathroom without being told?				

THANK YOU VERY MUCH FOR YOUR COOPERATION!

Parent's Name _____

Address _____

Phone Number _____

Name of Person Interviewed _____

Head Start Center _____

Date _____

Interviewer _____

HEALTHY, THAT'S ME HEAD START PARENT INTERVIEW

Hello. I'm (give name) and the mother/father of (give name), one of the children in your son's/daughter's Head Start project. I'm also working for The Urban Institute in Washington, D.C. and we are collecting information needed to improve health education in the Head Start Program. You may remember that I (another Head Start parent) spoke to you about this last fall. Would you mind talking to me for a few minutes? What you say will not be associated with your name in any way and will be kept strictly confidential.

HEALTHY, THAT'S ME HEAD START PARENT INTERVIEW

I. INTRODUCTORY INFORMATION

1. I'd like to talk to you about _____[NAME OF HEAD START CHILD].

   a. How long has _____[CHILD'S NAME] been in Head Start? _____

   b. How old is he/she? _____

II. HEALTH EDUCATION PROGRAM

2. Do you know of any health education materials that were used at the Head Start center this year?

   ____Yes
   ____No [GO TO QUESTION 3]

   a. (If yes) Describe: _____

   _____

   _____

3. Have you seen any of the Healthy, That's Me parent handbooks? [SHOW PARENT 7 HANDBOOKS]

   ____Yes
   ____No [GO TO QUESTION 12]

   a. (If yes) Who was involved in introducing them to you (nurse, doctor, health coordinator, parent consultant, etc.)?

   _____

   _____

   b. (If yes) How did you find out about the parent handbooks?

   ____At Head Start meetings [ASK QUESTIONS c AND d]
   ____Home visit(s) from Head Start staff [ASK QUESTIONS c AND d]
   ____Child brought home [GO TO QUESTION 4]

c. Did you find these meetings (visits) helpful? What did you learn that you didn't know before? [PROBE FULLY]

_____

_____

_____

d. Was there anything about these meetings (visits) that you would have changed or anything that you would have liked to see added?

_____

_____

_____

4. Which of the Healthy, That's Me parent handbooks have you received? [SHOW PARENT 7 HANDBOOKS AGAIN AND CHECK THE ONES PARENT HAS RECEIVED]

____"Your Part as a Parent in Healthy, That's Me"
____"Your Family"
____"Americans All"
____"Making it Easier to Keep Healthy at Home"
____"Your Growing Child"
____"Dealing with Family Upsets"
____"Your Child's Health"

a. Have you looked at any of these parent handbooks?

____Yes
____No [GO TO QUESTION 12]

b. (If yes) In general, how useful are the Healthy, That's Me parent handbooks? Why do you feel this way?

_____

_____

_____

_____

c. (If yes) In what other form could the parent handbooks be presented to be more helpful to you? What could be done to help parents understand these handbooks better?

_____

_____

_____

_____

5. How useful is the parent handbook, "Your Part as a Parent in Healthy, That's Me"?

____Very useful
____Somewhat useful
____Not useful
____Have not received [GO TO QUESTION 6]
____Don't know, have not used [GO TO QUESTION 6]

a. How would you like this handbook changed so that it would be more useful to you?

_____

_____

_____

6. How about the parent handbook, "Your Family"? How useful is the material in it?

____Very useful
____Somewhat useful
____Not useful
____Have not received [GO TO QUESTION 7]
____Don't know, have not used [GO TO QUESTION 7]

a. What should be done to improve this handbook?

_____

_____

_____

7. How about the parent handbook, "Americans All"?

____Very useful
____Somewhat useful
____Not useful
____Have not received [GO TO QUESTION 8]
____Don't know, have not used [GO TO QUESTION 8]

a. What should be done to make this a better handbook?

_____

_____

_____

8. How about the parent handbook, "Making it Easier to Keep Healthy at Home"?

____Very useful
____Somewhat useful
____Not useful
____Have not received [GO TO QUESTION 9]
____Don't know, have not used [GO TO QUESTION 9]

a. What should be done to improve this handbook?

_____

_____

_____

9. How about the parent handbook, "Your Growing Child"?

____Very useful
____Somewhat useful
____Not useful
____Have not received [GO TO QUESTION 10]
____Don't know, have not used [GO TO QUESTION 10]

a. What should be done to make this a better handbook?

_____

_____

_____

10. How about the parent handbook, "Dealing with Family Upsets"?

____Very useful
____Somewhat useful
____Not useful
____Have not received [GO TO QUESTION 11]
____Don't know, have not used [GO TO QUESTION 11]

a. What should be done to improve this handbook?

_____

_____

_____

11. Finally, how about the parent handbook, "Your Child's Health"?

____Very useful
____Somewhat useful
____Not useful
____Have not received [GO TO QUESTION 12]
____Don't know, have not used [GO TO QUESTION 12]

a. What should be done to improve this handbook?

_____

_____

_____

12. What would you say is the most serious child health problem in this neighborhood?

_____

a. In your opinion, has the health education part of your child's Head Start Program helped you deal with this problem?

____Yes
____No
____Don't know

13. Are there any health problems in your family or neighborhood that Head Start hasn't helped you with?

____Yes
____No [GO TO QUESTION 14]

a. (If yes) Which ones?

_____

_____

14. Are there any health problems in your family or neighborhood that Head Start has done a good job with?

___Yes
____No [GO TO QUESTION 15]

a. (If yes) Which ones?

_____

_____

15. Has the health information you've received from Head Start made any difference in the way you care for _____'s [CHILD'S NAME] health?

____Yes
____No [GO TO QUESTION 16]

a. (If yes) In what way has it made a difference? [PROBE FULLY]

_____

_____

_____

16. Which childhood illnesses or health problems have you learned more about since _____[CHILD'S NAME] has been in Head Start this year? [DO NOT READ LIST]

____Chicken Pox
____Dental Disease
____German Measles
____Impetigo
____Measles
____Mumps
____Nutritional Deficiency
____Ringworm
____Sickle Cell Anemia
____Strep Throat
____Whooping Cough
____Other (Specify: _____
_____)

a. What have you learned about this (these) illness(es) that you didn't know before?

_____

_____

_____

b. What have you learned about other health problems that you didn't know before?

_____

_____

_____

17. What kind of first aid would you provide if your child:

a. Stepped on a rusty nail? _____

_____

_____

b. Swallowed cleaning fluid? _____

_____

_____

c. Were bitten by a dog, cat, or other animal? _____

_____

_____

d. Appeared to have broken a bone? _____

_____

_____

e. Burned himself/herself badly? _____

_____

_____

18. For which of the injuries I just mentioned would you take your child to a doctor's office, hospital, or clinic? [READ LIST BELOW AND CHECK IF MENTIONED]

____Stepped on a rusty nail
____Swallowed cleaning fluid
____Were bitten by an animal
____Appeared to have broken a bone
____Burned himself/herself badly

19. Do you think _____[CHILD'S NAME] understands more about how to care for his/her health since he/she has been in Head Start this year?

____Yes
____No

a. Are there things he/she does now that he/she did not do before he/she entered Head Start this year? What does he/she do differently now?

_____

_____

_____

b. Have you noticed any changes in the way _____ [CHILD'S NAME] feels or acts towards nurses, doctors, or dentists other than those he/she meets in Head Start?

____Yes
____No [GO TO QUESTION 20]

c. (If yes) How have his/her feelings or actions changed?

_____

_____

_____

_____

_____

III. HEALTH BEHAVIORS RELATED TO CHILD(REN)

20. How many times a day does _____[CHILD'S NAME] brush his/her teeth? [CHECK NUMBER OF TIMES BELOW]

____0
____1
____2
____3
____4
____Other (Specify: _____)

a. Does _____[CHILD'S NAME] brush his/her teeth after breakfast?

____Yes
____No

b. Does he/she brush his/her teeth before going to bed?

____Yes
____No

21. What time does _____[CHILD'S NAME] usually go to bed at night? _____

a. What time does he/she get up in the morning? _____

ADDITIONAL COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

THANK YOU VERY MUCH FOR YOUR COOPERATION!

Parent's Name _____

Address _____

Phone Number _____

Name of Person Interviewed _____

Head Start Center _____

Date _____

Interviewer _____

ENTREVISTA PARA LOS PADRES DE FAMILIA
DE SANO, SOY YO

Buenos días. Mi nombre es (de su nombre) y soy la/el madre/padre de (dé el nombre de su niño), uno de los niños del projecto Head Start en que su hijo/hija está participando. También trabajo para el Urban Institute en Washington, D.C. y estamos recopilando información necesaria para mejorar la educación sobre la salud en el programa Head Start. Tal vez usted recuerde que yo (otro padre del Head Start) hablé con usted sobre el mismo tema el otoño pasado. Le importaría hablar conmigo por unos minutos? Sus declaraciones no serán ligadas a su nombre en forma alguna y siempre se mantendrán estrictamente confidencial.

ENTREVISTA PARA LOS PADRES DE FAMILIA
DE SANO, SOY YO

I. INFORMACION PRELIMINAR

1. Me gustaria hablar con usted acerca de _____ /NOMBRE DEL NIÑO PARTICIPANTE EN EL HEAD START/

   a. Cuánto hace que _____ /NOMBRE DEL NIÑO/ está en el Head Start? _____

   b. Cuántos años tiene el/ella? _____

II. PROGRAMA DE LA EDUCACION SOBRE LA SALUD

2. Conoce usted algunos de los materiales acerca de la educación sobre la salud usados en el centro Head Start este año?

   ____Si
   ____No /PASE A LA PREGUNTA 3/

   a. (Si afirmativo) Describa: _____

   _____

   _____

3. Ha visto usted algunos de los pamfletos de Sano, Soy Yo? /MUESTRELE AL PADRE LOS 7 PAMFLETOS/

   ____Si
   ____No /PASE A LA PREGUNTA 12/

   a. (Si afirmativo) Quién fué la primera persona en mostrarle los pamfletos (enfermera, doctor, coordinador de sanidad, padre consultor)?

   _____

   _____

   b. (Si afirmativo) Cómo se enteró usted acerca de los pamfletos para los padres?

   ____En reuniones del Head Start /HAGA PREGUNTAS c Y d/
   ____Visita(s) al hogar de un miembro del Head Start /HAGA PREGUNTAS c Y d/
   ____El niño lo introdujo en el hogar /PASE A LA PREGUNTA 4/

c. Crée usted que estas reuniones (visitas) fueron de algún beneficio? Qué aprendió usted que no supiera antes? /INVESTIGUE A FONDO/

_____

_____

_____

d. Encontró algo dentro de estas reuniones (visitas) lo cual usted quisiera haber cambiado o agregado?

_____

_____

_____

4. Cúales de los pamfletos para los padres de Sano, Soy Yo ha recibido usted? /DE NUEVO MUESTRE AL PADRE LOS 7 PAMFLETOS Y MARQUE LOS QUE EL HAYA RECIDIBO/

____"Your Part as a Parent in Healthy, That's Me"
____"Your Family"
____"Americans All"
____"Making it Easier to Keep Healthy at Home"
____"Your Growing Child"
____"Dealing with Family Upsets"
____"Your Child's Health"

a. Se ha referido usted a estos pamfletos?

____Si
____No /PASE A LA PREGUNTA 12/

b. (Si afirmativo) En general, qué ayuda le han prestado a usted los pamfletos para los padres de Sano, Soy Yo? Que le hace pensar de esta manera?

_____

_____

_____

c. (Si afirmativo) En qué otra forma se podrían presentar los pamfletos para que fueran más útiles para usted? Qué se podría hacer para ayudar a los padres a entender mejor estos pamfletos?

_____

_____

_____

_____

5. Qué tan beneficioso es el pamfleto para los padres "Your Part as a Parent in Healthy, That's Me"?

____Muy beneficioso
____Un poco beneficioso
____No es beneficioso
____No lo he recibido /PASE A LA PRECUNTA 6/
____No sé, no lo he usado /PASE A LA PREGUNTA 6/

a. Qué cambios cree usted se podrían efectuar para que fuera más útil?

_____

_____

_____

6. Cómo le parece el pamfleto para los padres "Your Family"? Qué tan beneficioso es el contenido de éste pamfleto?

____Muy beneficioso
____Un poco beneficioso
____No es beneficioso
____No lo he recibido /PASE A LA PREGUNTA 7/
____No sé, no lo he usado /PASE A LA PREGUNTA 7/

a. Qué se podría hacer para mejorar este pamfleto?

_____

_____

_____

7. Cómo le parece le pamfleto para los padres "Americans All"?

____Muy beneficioso
____Un poco beneficioso
____No es beneficioso
____No lo he recibido /PASE A LA PREGUNTA 8/
____No sé, no lo he usado /PASE A LA PREGUNTA 8/

a. Qué se podría hacer para mejorar este pamfleto?

_____

_____

_____

8. Cómo le parece el pamfleto para los padres "Making it Easier to Keep Healthy at Home"?

____Muy beneficioso
____Un poco beneficioso
____No es beneficioso
____No lo he recivido /PASE A LA PREGUNTA 9/
____No sé, no lo he usado /PASE A LA PREGUNTA 9/

a. Qué se podría hacer para mejorar este pamfleto?

_____

_____

_____

9. Cómo le parece el pamfleto para los padres "Your Growing Child"?

____Muy beneficioso
____Un poco beneficioso
____No es beneficioso
____No lo he recivido /PASE A LA PREGUNTA 10/
____No sé, no lo he usado /PASE A LA PREGUNTA 10/

a. Qué se prodría hacer para mejorar este pamfleto?

_____

_____

_____

10. Cómo le parece el pamfleto para los padres "Dealing with Family Upsets"?

____Muy beneficioso
____Un poco beneficioso
____No es beneficioso
____No lo he recibido /PASE A LA PREGUNTA 11/
____No sé, no lo he usado /PASE A LA PREGUNTA 11/

a. Qué se podría hacer para mejorar este pamfleto?

_____

_____

_____

11. Finalmente, cómo le parece el pamfleto para los padres "Your Child's Health"?

____Muy beneficioso
____Un poco beneficioso
____No es beneficioso
____No lo he recibido /PASE A LA PREGUNTA 12/
____No sé, no lo he usado /PASE A LA PREGUNTA 12/

a. Qué se podría hacer para mejorar este pamfleto?

_____

_____

_____

12. Cúal diría usted que es el problema más serio de la salud infantil en este vecindario?

_____

a. Crée usted que la parte de la educación sobre la salud del programa Head Start para niños ha ayudado ha resolver este problema?

____Si
____No
____No se

13. Hay en su familia o vecindario algún problema de salud que no sea ayudado por el programa Head Start?

____Si
____No /PASE A LA PREGUNTA 14/

a. (Si afirmativo) Cúales?

_____

_____

14. Hay en su familia o vecindario algún problema de salud al cual el programa Head Start ha aportado una buena ayuda?

____Si
____No /PASE A LA PREGUNTA 15/

a. (Si afirmativo) Cúales?

_____

_____

15. La información sobre la salud que usted ha recibido del Head Start, le ha hecho cambiar la manera como usted vela por la salud de _____ /NOMBRE DEL NIÑO/?

____Si
____No /PASE A LA PREGUNTA 16/

a. (Si afirmativo) De qué manera le ha hecho cambiar? /INVESTIGUE A FONDO/

_____

_____

_____

16. Qué otras enfermedades o problemas de salud infantil ha descubierto usted desde que _____ /NOMBRE DEL NIÑO/ingresó al Head Start este año? /NO LEA LA LISTA/

____Varicela
____Piorrea
____Rubeola
____Impetigo
____Sarampion
____Paperas
____Insalubre
____Tiña
____Anemia
____Garganta Estreptococia
____Tos Ferina
____Otro (Especifique:_____
_____)

a. Qué descubrió usted acerca de esta(s) enfermedad(es) que no supiera antes?

_____

_____

_____

b. Qué ha descubierto usted acerca de otros problemas de salud que no supiera antes?

_____

_____

_____

17. Qué clase de primeros auxilios le prestaría usted a su niño en caso de que:

a. Se parara en un clavo corroido? _____

_____

_____

b. Ingiriera un detergente? _____

_____

_____

c. Lo mordiera un perro, un gato, o cualquier otro animal? _____

_____

_____

d. Aparentara padecer una quebradura? _____

_____

_____

e. El/ella sufriera una quemadura seria? _____

_____

_____

18. Por cúal de los percanses mencionados anteriormente llevaría usted a su niño al consultorio del doctor, al hospital, o a la clinica?

____Se parara en un clavo corroido
____Ingiriera un detergente
____Lo mordiera un perro, un gato, o cualquier otro animal
____Aparentara padecer una quebradura
____El/ella sufriera una quemadura seria

19. Crée usted que _____ /NOMBRE DEL NIÑO/ entiende más sobre el cuidado de su salud, desde que el/ella ingresó al Head Start este año?

____Si
____no

a. Hay algo que el/ella haga ahora lo cúal no hacia antes de ingresar al Head Start este año? Qué es lo que el/ella hace diferente?

_____

_____

_____

b. Ha notado usted algún cambio en el comportamiento de _____ /NOMBRE DEL NIÑO/ para con las enfermeras, doctores, o dentistas que no pertenecen al Head Start?

____Si
____No /PASE A LA PREGUNTA 20/

c. (Si afirmativo) En qué forma el/ella ha cambiado su comportamiento?

_____

_____

_____

_____

_____

III. COMPORTAMIENTO DE EL/LOS NIÑO(S) RELACIONADO CON LA SALUD

20. Cuántas veces al día se cepilla los dientes _____ /NOMBRE DEL NIÑO/? /MARQUE A CONTINUACION EL NUMERO DE VECES/

____0
____1
____2
____3
____4
____Otro (Especifique: _____)

a. Se cepilla los dientes _____ /NOMBRE DEL NIÑO/ después del desayuno?

____Si
____No

b. Se cepilla los dientes el/ella antes de ir a la cama?

____Si
____No

21. Normalmente a qué hora se acuesta _____ /NOMBRE DEL NIÑO/ por la noche? _____

a. A qué hora se levanta el/ella por la mañana? _____

COMENTARIOS ADICIONALES

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

MUCHAS GRACIAS POR SU COLABORACION!

Parent's Name _____

Address _____

Phone Number _____

Name of Person Interviewed _____

Head Start Center _____

Date _____

Interviewer _____

HEAD START PARENT INTERVIEW I

Hello. I'm (give name) and the mother/father of (give name), one of the children in your son's/daughter's Head Start project. I'm also working for The Urban Institute in Washington, D.C. and we are collecting information needed to improve health education in the Head Start Program. You may remember that I (another Head Start parent) spoke to you about this last fall. Would you mind talking to me for a few minutes? What you say will not be associated with your name in any way and will be kept strictly confidential.

HEAD START PARENT INTERVIEW I

I. INTRODUCTORY INFORMATION

1. I'd like to talk to you about _____[NAME OF HEAD START CHILD].

   a. How long has _____[CHILD'S NAME] been in Head Start? _____

   b. How old is he/she? _____

II. HEALTH EDUCATION PROGRAM

2. Do you know of any health education materials that were used at the Head Start center this year?

   ____Yes
   ____No [GO TO QUESTION 3]

   a. (If yes) Describe: _____

   _____

   _____

   b. (If yes) Who was involved in introducing these materials to you (nurse, doctor, health coordinator, parent consultant, etc.)?

   _____

   _____

   _____

   c. (If yes) How did you find out about these materials?

   ____At Head Start meetings
   ____Home visit(s) from Head Start staff
   ____Child brought home

3. What would you say is the most serious child health problem in this neighborhood?

   _____

   a. In your opinion, has Head Start helped you deal with this problem?

   ____Yes
   ____No
   ____Don't know

4. Are there any health problems in your family or neighborhood that Head Start hasn't helped you with?

____Yes
____No [GO TO QUESTION 5]

a. (If yes) Which ones?

_____

_____

5. Are there any health problems in your family or neighborhood that Head Start has done a good job with?

____Yes
____No [GO TO QUESTION 6]

a. (If yes) Which ones?

_____

_____

6. Has the health information you've received from Head Start made any difference in the way you care for _____'s [CHILD'S NAME] health?

____Yes
____No [GO TO QUESTION 7]

a. (If yes) In what way has it made a difference? [PROBE FULLY]

_____

_____

_____

7. Which childhood illnesses or health problems have you learned more about since _____[CHILD'S NAME] has been in Head Start this year? [DO NOT READ LIST]

____Chicken Pox
____Dental Disease
____German Measles
____Impetigo
____Measles
____Mumps
____Nutritional Deficiency
____Ringworm
____Sickle Cell Anemia
____Strep Throat
____Whooping Cough
____Other (Specify: _____
_____)

a. What have you learned about this (these) illness(es) that you didn't know before?

_____

_____

_____

b. What have you learned about other health problems that you didn't know before?

_____

_____

_____

8. What kind of first aid would you provide if your child:

a. Stepped on a rusty nail? _____

_____

_____

b. Swallowed cleaning fluid? _____

_____

_____

c. Were bitten by a dog, cat, or other animal? _____

_____

_____

d. Appeared to have broken a bone? _____

_____

_____

e. Burned himself/herself badly? _____

_____

_____

9. For which of the injuries I just mentioned would you take your child to a doctor's office, hospital, or clinic? [READ LIST BELOW AND CHECK IF MENTIONED]

____Stepped on a rusty nail
____Swallowed cleaning fluid
____Were bitten by an animal
____Appeared to have broken a bone
____Burned himself/herself badly

10. Do you think _____[CHILD'S NAME] understands more about how to care for his/her health since he/she has been in Head Start this year?

____Yes
____No

a. Are there things he/she does now that he/she did not do before he/she entered Head Start this year? What does he/she do differently now?

_____

_____

_____

_____

b. Have you noticed any changes in the way _____[CHILD'S NAME] feels or acts towards nurses, doctors, or dentists other than those he/she meets in Head Start?

____Yes
____No [GO TO QUESTION 11]

c. (If yes) How have his/her feelings or actions changed?

_____

_____

_____

III. HEALTH BEHAVIORS RELATED TO CHILD(REN)

11. How many times a day does _____[CHILD'S NAME] brush his/her teeth? [CHECK NUMBER OF TIMES BELOW]

____0
____1
____2
____3
____4
____Other Specify: _____)

a. Does _____[CHILD'S NAME] brush his/her teeth after breakfast?

____Yes
____No

b. Does he/she brush his/her teeth before going to bed?

____Yes
____No

12. What time does _____[CHILD'S NAME] usually go to bed at night? _____

a. What time does he/she get up in the morning? _____

ADDITIONAL COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

THANK YOU VERY MUCH FOR YOUR COOPERATION!

Parent' Name _____

Address _____

Phone Number _____

Name of Person Interviewed _____

Head Start Center _____

Date _____

Interviewer _____

ENTREVISTA I DEL HEAD START PARA PADRES DE FAMILIA

Buenos días. Mi nombre es (de su nombre) y soy la/el madre/padre de (dé el nombre de su niño), uno de los niños del project Head Start en que su hijo/hija está participando. También trabajo para el Urban Institute en Washington, D.C. y estamos recopilando información necesaría para mejorar la educación sobre la salud en el programa Head Start. Tal vez usted recuerde que yo (otro padre del Head Start) hablé con usted sobre el mismo tema el otoño pasado. Le importaría hablar conmigo por unos minutos? Sus declaraciones no serán ligadas a su nombre en forma alguna y siempre se mantendrán estrictamente confidencial.

ENTREVISTA I DEL HEAD START PARA PADRES DE FAMILIA

I. INFORMACION PRELIMINAR

1. Me gustaría hablar con usted acerca de _____ /NOMBRE DEL NIÑO PARTICIPANTE EN EL HEAD START/

   a. Cuánto hace que _____ /NOMBRE DEL NIÑO/ está en el Head Start? _____

   b. Cuántos años tiene el/ella? _____

II. PROGRAMA DE LA EDUCACION SOBRE LA SALUD

2. Conoce usted algunos de los materiales acerca de la educación sobre la salud usados en el centro Head Start este año?

   ____Si
   ____No /PASE A LA PREGUNTA 3/

   a. (Si afirmativo) Describa: _____

   _____

   _____

   b. (Si afirmativo) Quién fué la primera persona en mostrarle los materiales(enfermera, doctor, coordinador de sanidad, padre consultor)?

   _____

   _____

   _____

   c. (Si afirmativo) Cómo se enteró usted acerca de estos materiales?

   ____En reuniones del Head Start
   ____Visita(s) al hogar de un miembro del Head Start
   ____El niño lo introdujo en el hogar

3. Cúal diria usted que es el problema más serio de la salud infantíl en este vecindario?

_____

a. En su opinion, crée usted que el Head Start ha ayudado a resolver este problema?

____Si
____No
____No se

4. Hay en su familia o su vecindario algunos problemas de salud que no sean ayudados por el Head Start?

____Si
____No /PASE A LA PREGUNTA 5/

a. (Si afirmativo) Cúales?

_____

_____

5. Hay en su familia o su vecindario algunos problemas de salud a los cuales el programa Head Start ha aportado alguna ayuda?

____Si
____No /PASE A LA PREGUNTA 6/

a. (Si afirmativo) Cúales?

_____

_____

6. La información sobre la salud que usted ha recibido del Head Start, le ha hecho cambiar la manera como usted vela por la salud de _____ /NOMBRE DEL NIÑO/?

____Si
____No /PASE A LA PREGUNTA 7/

a. (Si afirmativo) De qué manera le ha hecho cambiar? /INVESTIGUE A FONDO/

_____

_____

_____

7. Qué enfermedades o problemas de salud ha descubierto usted desde que _____ /NOMBRE DEL NIÑO/ ingresó al Head Start este año?
/NO LEA LA LISTA/

___Varicela
___Piorrea
___Rubeola
___Impetigo
___Sarampion
___Paperas
___Insalubre
___Tiña
___Anemia
___Garganta Estreptococia
___Tos Ferina
___Otro (Especifique: _____
_____)

a. Qué descubrió usted acerca de esta(s) enfermedad(es) que no supiera antes?

_____

_____

_____

b. Qué ha descubierto usted acerca de otros problemas de salud que no supiera antes?

_____

_____

_____

8. Qué clase de primeros auxilios le prestaría usted a su niño en caso de que:

a. Se parara en un clavo corroido? _____

_____

_____

b. Ingiriera un detergente? _____

_____

_____

c. Lo mordiera un perro, un gato, o cualquier otro animal? _____

_____

_____

d. Aparentara padecer una quebradura? _____

_____

_____

e. El/ella sufriera una quemadura seria? _____

_____

_____

9. Por cúal de los percances mencionados anteriormente llevaría usted a su niño al consultorio del doctor, al hospital, o a la clinica?

____Se parara en un clavo corroido
____Ingiriera un detergente
____Lo mordiera un perro, un gato, o cualquier otro animal
____Aparentara padecer una quebradura
____El/ella sufriera una quemadura seria

10. Crée usted que _____ /NOMBRE DEL NIÑO/ entiende más sobre el cuidado de su salud desde que el/ella ingresó al Head Start este año?

____Si
____No

a. Hay algo que el/ella haga ahora lo cual no hacia antes de ingresar al Head Start este año? Qué es lo que el/ella hace diferente?

_____

_____

_____

_____

b. Ha notado usted algún cambio en el comportamiento de _____ /NOMBRE DEL NIÑO/ para con las enfermeras, doctores, o dentistas que no pertenecen al Head Start?

____Si
____No /PASE A LA PREGUNTA 11/

c. (Si afirmativo) En qué forma el/ella ha cambiado su comportamiento?

_____

_____

_____

III. COMPORTAMIENTO DE EL/LOS NIÑO(S) RELACIONADO CON LA SALUD

11. Cúantas veces al día se cepilla los dientes _____ /NOMBRE DEL NIÑO/? /MARQUE A CONTINUACION EL NUMERO DE VECES/

___0
___1
___2
___3
___4
___Otro (Especifique: _____)

a. Se cepilla los dientes _____ /NOMBRE DEL NIÑO/ después del desayuno?

___Si
___No

b. Se cepilla los dientes el/ella antes de ir a la cama?

___Si
___No

12. Normalmente a qué hora se acuesta _____ /NOMBRE DEL NIÑO/ por la noche? _____

a. A qué hora se levanta el/ella por la mañana? _____

COMENTARIOS ADICIONALES

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

MUCHAS GRACIAS POR SU COLABORACION!

Parent's Name _____

Address _____

Phone Number _____

Name of Person Interviewed _____

Head Start Center _____

Date _____

Interviewer _____

HEAD START PARENT INTERVIEW II

Hello. I'm (give name) and the mother/father of (give name), one of the children in your son's/daughter's Head Start project. I'm also working for The Urban Institute in Washington, D.C. and we are collecting information needed to improve health education in the Head Start Program. Would you mind talking to me for a few minutes? What you say will not be associated with your name in any way and will be kept strictly confidential.

HEAD START PARENT INTERVIEW II

I. INTRODUCTORY INFORMATION

1. How long have you lived in this neighborhood?

___Less than 1 year
___1-2 years
___3-5 years
___6-9 years
___10 years or more

a. How many of your children have been in the Head Start Program?

_____

b. How many of your children are now enrolled in Head Start?

_____

c. How long has _____[CHILD'S NAME] been in Head Start?

_____

d. How old is he/she? _____

II. HEALTH EDUCATION PROGRAM

2. Do you know of any health education materials that were used at the Head Start center this year?

___Yes
___No [GO TO QUESTION 3]

a. (If yes) Describe: _____

_____

_____

b. (If yes) Who was involved in introducing these materials to you (nurse, doctor, health coordinator, parent consultant, etc.)?

_____

_____

_____

c. (If yes) How did you find out about these materials?

____At Head Start meetings
____Home visit(s) from Head Start staff
____Child brought home

3. What would you say is the most serious child health problem in this neighborhood?

_____

a. In your opinion, has Head Start helped you deal with this problem?

____Yes
____No
____Don't know

4. Are there any health problems in your family or neighborhood that Head Start hasn't helped you with?

____Yes
____No [GO TO QUESTION 5]

a. (If yes) Which ones?

_____

_____

5. Are there any health problems in your family or neighborhood that Head Start has done a good job with?

____Yes
____No [GO TO QUESTION 6]

a. (If yes) Which ones?

_____

_____

6. Has the health information you've received from Head Start made any difference in the way you care for _____'s [CHILD'S NAME] health?

____Yes
____No [GO TO QUESTION 7]

a. (If yes) In what way has it made a difference? [PROBE FULLY]

_____

_____

_____

7. Which childhood illnesses or health problems have you learned more about since _____[CHILD'S NAME] has been in Head Start this year? [DO NOT READ LIST]

____Chicken Pox
____Dental Disease
____German Measles
____Impetigo
____Measles
____Mumps
____Nutritional Deficiency
____Ringworm
____Sickle Cell Anemia
____Strep Throat
____Whooping Cough
____Other (Specify: _____
_____)

a. What have you learned about this (these) illness(es) that you didn't know before?

_____

_____

_____

b. What have you learned about other health problems that you didn't know before?

_____

_____

_____

8. What kind of first aid would you provide if your child:

a. Stepped on a rusty nail? _____

_____

_____

b. Swallowed cleaning fluid? _____

_____

_____

c. Were bitten by a dog, cat, or other animal? _____

_____

_____

d. Appeared to have broken a bone? _____

_____

_____

e. Burned himself/herself badly? _____

_____

_____

9. For which of the injuries I just mentioned would you take your child to a doctor's office, hospital, or clinic? [READ LIST BELOW AND CHECK IF MENTIONED]

____Stepped on a rusty nail
____Swallowed cleaning fluid
____Were bitten by an animal
____Appeared to have broken a bone
____Burned himself/herself badly

10. Do you think _____[CHILD'S NAME] understands more about how to care for his/her health since he/she has been in Head Start this year?

____Yes
____No

a. Are there things he/she does now that he/she did not do before he/she entered Head Start this year? What does he/she do differently now?

_____

_____

_____

_____

b. Have you noticed any changes in the way _____[CHILD'S NAME] feels or acts towards nurses, doctors, or dentists other than those he/she meets in Head Start?

____Yes
____No [GO TO QUESTION 11]

c. (If yes) How have his/her feelings or actions changed?

_____

_____

_____

III. HEALTH BEHAVIORS RELATED TO CHILD(REN)

11. How many times a day does _____[CHILD'S NAME] brush his/her teeth? [CHECK NUMBER OF TIMES BELOW]

____0
____1
____2
____3
____4
____Other Specify: _____)

a. Does _____[CHILD'S NAME] brush his/her teeth after breakfast?

____Yes
____No

b. Does he/she brush his/her teeth before going to bed?

____Yes
____No

12. What time does _____[CHILD'S NAME] usually go to bed at night? _____

a. What time does he/she get up in the morning? _____

ADDITIONAL COMMENTS:

THANK YOU VERY MUCH FOR YOUR COOPERATION!

Parent's Name _____

Address _____

Phone Number _____ _____

Name of Person Interviewed _____

Head Start Center _____ _____

Date _____

Interviewer _____

ENTREVISTA II DEL HEAD START PARA PADRES DE FAMILIA

Buenos días. Mi nombre es (de su nombre) y soy la/el madre/padre de (dé el nombre de su niño), uno de los niños del projecto Head Start en que su hijo/hija está participando. También trabajo para el Urban Institute en Washington, D.C. y estamos recopilando información necesaría para mejorar la educación sobre la salud en el programa Head Start. Le importaría hablar conmigo por unos minutos? Sus declaraciones no serán ligadas a su nombre en forma alguna y siempre se mantendrán estrictamente confidencial.

ENTREVISTA II DEL HEAD START PARA PADRES DE FAMILIA

I. INFORMACION PRELIMINAR

1. Cuánto hace que usted vive en este vecindario?

___Menos de 1 año
___Entre 1 y 2 años
___Entre 3 y 5 años
___Entre 6 y 9 años
___Más de 10 años

a. Cuántos de sus niños han participado en el programa Head Start?

_____

b. Cuántos de sus niños están atendiendo el programa Head Start actualmente?

_____

c. Cuánto hace que _____ /NOMBRE DEL NIÑO/ está atendiendo el programa Head Start?

_____

d. Cuántos años tiene el/ella? _____

II. PROGRAMA DE LA EDUCACION SOBRE LA SALUD

2. Conoce usted algunos de los materiales acerca de la educación sobre la salud usados en el centro Head Start este año?

___Si
___No /PASE A LA PREGUNTA 3/

a. (Si afirmativo) Describa: _____

_____

_____

b. (Si afirmativo) Quién fué la primera persona en mostrarle los materiales (enfermera, doctor, coordinador de sanidad, padre consultor)?

_____

_____

_____

c. (Si afirmativo) Cómo se enteró usted acerca de estos materiales?

____En reuniones del Head Start
____Visita(s) al hogar de un miembro del Head Start
____El niño los introdujo en el hogar

3. Cúal diría usted que es el problema más serio de la salud infantíl en este vecindario?

_____

a. En su opinion, crée usted que el Head Start ha ayudado a resolver este problema?

____Si
____No
____No se

4. Hay en su familia o su vecindario algunos problemas de salud que no sean ayudados por el Head Start?

____Si
____No /PASE A LA PREGUNTA 5/

a. (Si afirmativo) Cúales?

_____

_____

5. Hay en su familia o su vecindario algunos problemas de salud a los cuales el programa Head Start ha aportado alguna ayuda?

____Si
____No /PASE A LA PREGUNTA 6/

a. (Si afirmativo) Cúales?

_____

_____

6. La información sobre la salud que usted ha recibido del Head Start, le ha hecho cambiar la manera como usted vela por la salud de _____ /NOMBRE DEL NIÑO/ ?

____Si
____No /PASE A LA PREGUNTA 7/

a. (Si afirmativo) De qué manera le ha hecho cambiar? /INVESTIGUE A FONDO/

_____

_____

_____

7. Qué enfermedades o problemas de salud ha descubierto usted desde que _____ /NOMBRE DEL NIÑO/ ingresó al Head Start este año? /NO LEA LA LISTA/

____Varicela
____Piorrea
____Rubeola
____Impetigo
____Sarampion
____Paperas
____Insalubre
____Tiña
____Anemia
____Garganta Estreptococia
____Tos Ferina
____Otro (Especifique: _____ _____)

a. Qué descubrió usted acerca de esta(s) enfermedad(es) que no supiera antes?

_____

_____

_____

b. Qué ha descubierto usted acerca de otros problemas de salud que no supiera antes?

_____

_____

_____

8. Qué clase de primeros auxilios le prestaría usted a su niño en caso de que:

a. Se parara en un clavo corroido? _____

_____

_____

b. Ingiriera un detergente? _____

_____

_____

c. Lo mordiera un perro, un gato, o cualquier otro animal? _____

_____

_____

d. Aparentara padecer una quebradura? _____

_____

_____

e. El/ella sufriera una quemadura seria? _____

_____

_____

9. Por cúal de los percances mencionados anteriormente llevaría usted a su niño al consultorio del doctor, al hospital, o a la clinica?

____Se parara en un clavo corroido
____Ingiriera un detergente
____Lo mordiera un perro, un gato, o cualquier otro animal
____Aparentara padecer una quebradura
____El/ella sufriera una quemadura seria

10. Crée usted que _____ /NOMBRE DEL NIÑO/ entiende más sobre el cuidado de su salud desde que el/ella ingresó al Head Start este año?

____Si
____No

a. Hay algo que el/ella haga ahora lo cual no hacia antes de ingresar al Head Start este año? Qué es lo que el/ella hace dif. rente?

_____

_____

_____

_____

b. Ha notado usted algún cambio en el comportamiento de _____ /NOMBRE DEL NIÑO/ para con las enfermeras, doctores, o dentistas que no pertenecen al Head Start?

____Si
____No /PASE A LA PREGUNTA 11/

c. (Si afirmativo) En qué forma el/ella ha cambiado su comportamiento?

_____

_____

_____

III. COMPORTAMIENTO DE EL/LOS NIÑO(S) RELACIONADO CON LA SALUD

11. Cuántas veces al día se cepilla los dientes _____ /NOMBRE DEL NIÑO/ ? /MARQUE A CONTINUACION EL NUMERO DE VECES/

____0
____1
____2
____3
____4
____Otro (Especifique: _____)

a. Se cepilla los dientes _____ /NOMBRE DEL NIÑO/ después del desayuno?

____Si
____No

b. Se cepilla los dientes el/ella antes de ir a la cama?

____Si
____No

12. Normalmente a qué hora se acuesta _____ /NOMBRE DEL NIÑO/ por la noche? _____

a. A qué hora se levanta el/ella por la manaña? _____

COMENTARIOS ADICIONALES

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

MUCHAS GRACIAS POR SU COLABORACION!

Region _____

Teacher Trainer _____

Phone Number _____

TEACHER TRAINER TELEPHONE INTERVIEW

TEACHER TRAINER TELEPHONE INTERVIEW

1. To date, approximately how many Head Start teachers have you trained in the use of Healthy, That's Me?

_____

2. How easy do you think the Healthy, That's Me materials are to incorporate into the Head Start Program with training prior to their introduction? How about with no training? [READ CHOICES]

With training	Without training
____Very easy	____Very easy
____Fairly easy	____Fairly easy
____Not easy	____Not easy
____Not at all	____Not at all

3. Do you know of any Head Start centers using the Healthy, That's Me materials extensively with parents? [GET NAMES AND LOCATIONS AND OTHER AVAILABLE INFORMATION ABOUT CENTERS]

a. _____

b. _____

c. _____

d. _____

e. _____

THANK YOU VERY MUCH FOR YOUR COOPERATION!

Parent's Name _____

Address _____

Phone Number _____

Head Start Center _____

Date _____

Interviewer _____

HEALTHY, THAT'S ME HEAD START PARENT TELEPHONE INTERVIEW (SUBSTUDY)

Hello. I'm (give name) from The Urban Institute in Washington, D.C. We are collecting information needed to improve health education in the Head Start Program under a grant from the Office of Child Development. We are especially interested in your comments on the health education curriculum guide, Healthy, That's Me. Would you mind talking to me for a few minutes? What you say will not be associated with your name in any way and will be kept strictly confidential.

HEALTHY, THAT'S ME HEAD START PARENT TELEPHONE INTERVIEW (SUBSTUDY)

1. Have you seen any of the Healthy, That's Me parent handbooks?

____Yes
____No [END INTERVIEW]

a. (If yes) Who was involved in introducing them to you (nurse, doctor, health coordinator, parent consultant, etc.)?

_____

_____

b. (If yes) How did you find out about the parent handbooks?

____At Head Start meetings [ASK QUESTIONS c AND d]
____Home visit(s) from Head Start staff [ASK QUESTIONS c AND d]
____Child brought home [GO TO QUESTION 2]

c. Did you find these meetings (visits) helpful? What did you learn that you didn't know before? [PROBE FULLY]

_____

_____

_____

d. Was there anything about these meetings (visits) that you would have changed or anything that you would have liked to see added?

_____

_____

_____

2. Which of the Healthy, That's Me parent handbooks have you received? [READ LIST AND CHECK THE ONES PARENT HAS RECEIVED]

____"Your Part as a Parent in Healthy, That's Me"
____"Your Family"
____"Americans All"
____"Making it Easier to Keep Healthy at Home"
____"Your Growing Child"
____"Dealing with Family Upsets"
____"Your Child's Health"

a. Have you looked at any of these parent handbooks?

____Yes
____No [END INTERVIEW]

b. (If yes) In general, how useful are the Healthy, That's Me parent handbooks? Why do you feel this way?

_____

_____

_____

c. (If yes) Is there any health information for parents or children that you would like to see added to the parent handbooks? What information would you like to see added?

_____

_____

_____

d. (If yes) In what other form could the parent handbooks be presented to be more helpful to you? What could be done to help parents understand these handbooks better?

_____

_____

_____

_____

3. How useful is the parent handbook, "Your Part as a Parent in Healthy, That's Me"?

____Very useful
____Somewhat useful
____Not useful
____Have not received [GO TO QUESTION 4]
____Don't know, have not used [GO TO QUESTION 4]

a. How would you like this handbook changed so that it would be more useful to you?

_____

_____

_____

4. How about the parent handbook, "Your Family"? How useful is the material in it?

____Very useful
____Somewhat useful
____Not useful
____Have not received [GO TO QUESTION 5]
____Don't know, have not used [GO TO QUESTION 5]

a. What should be done to improve this handbook?

_____

_____

_____

_____

5. How about the parent handbook, "Americans All"?

____Very useful
____Somewhat useful
____Not useful
____Have not received [GO TO QUESTION 6]
____Don't know, have not used [GO TO QUESTION 6]

a. What should be done to make this a better handbook?

_____

_____

_____

_____

6. How about the parent handbook, "Making it Easier to Keep Healthy at Home"?

____Very useful
____Somewhat useful
____Not useful
____Have not received [GO TO QUESTION 7]
____Don't know, have not used [GO TO QUESTION 7]

a. What should be done to improve this handbook?

_____

_____

_____

_____

7. How about the parent handbook, "Your Growing Child"?

____Very useful
____Somewhat useful
____Not useful
____Have not received [GO TO QUESTION 8]
____Don't know, have not used [GO TO QUESTION 8]

a. What should be done to make this a better handbook?

_____

_____

_____

_____

8. How about the parent handbook, "Dealing with Family Upsets"?

____Very useful
____Somewhat useful
____Not useful
____Have not received [GO TO QUESTION 9]
____Don't know, have not used [GO TO QUESTION 9]

a. What should be done to improve this handbook?

_____

_____

_____

_____

9. Finally, how about the parent handbook, "Your Child's Health"?

____Very useful
____Somewhat useful
____Not useful
____Have not received
____Don't know, have not used

a. What should be done to improve this handbook?

_____

_____

_____

_____

ADDITIONAL COMMENTS:

THANK YOU VERY MUCH FOR YOUR COOPERATION!

Parent's Name _____

Address _____

Phone Number _____

Head Start Center _____

Date _____

Interviewer _____

ENTREVISTA PARA LOS PADRES DE FAMILIA
DE SANO, SOY YO (ENTREVISTA PRELIMINAR)

Buenos dias. Mi nombre es (de su nombre) y trabajo para el Urban Institute en Washington, D.C. Estamos recopilando la información necesaria para mejorar el projecto sobre la educación sanitaria del Head Start bajo el patrocinio de la Oficina de Desarrollo Infantíl. Estamos especialmente interesados en sus comentarios acerca de la educatión sanitaria descrita en el pamfleto Sano, Soy Yo. Le importaría hablar conmigo por unos minutos? Sus declaraciones no seran ligadas a su nombre en forma alguna y siempre se mantendran estrictamente confidencial.

ENTREVISTA PARA LOS PADRES DE FAMILIA
DE SANO, SOY YO (ENTREVISTA PRELIMINAR)

1. Ha visto usted algunos de los pamfletos de Sano, Soy Yo? [MUESTRELE AL PADRE LOS 7 PAMFLETOS]

____Si
____No [CONCLUSION DE LA ENTREVISTA]

a. (Si afirmativo) Quién fué la primera persona en mostrarle los pamfletos (enfermera, doctor, coordinador de sanidad, padre consultor)?

_____

_____

b. (Si afirmativo) Cómo se enteró usted acerca de los pamfletos para los padres?

____En reuniones del Head Start [HAGA PREGUNTAS c Y d]
____Visita(s) al hogar de un miembro del Head Start [HAGA PREGUNTAS c Y d]
____En niño lo introdujo en el hogar [PASE A LA PREGUNTA 2]

c. Crée usted que estas reuniones (visitas) fueron de algún beneficio? Qué aprendió usted que no supiera antes? [INVESTIGUE A FONDO]

_____

_____

_____

d. Encontró algo dentro de estas reuniones (visitas) lo cual usted quisiera haber cambiado o agregado?

_____

_____

_____

2. Cúales de los pamfletos para los padres de Sano, Soy Yo ha recibido usted? [DE NUEVO MUESTRE AL PADRE LOS 7 PAMFLETOS Y MARQUE LOS QUE EL HAYA RECIBIDO]

____"Your Part as a Parent in Healthy, That's Me"
____"Your Family"
____"Americans All"
____"Making it Easier to Keep Healthy At Home"
____"Your Growing Child"
____"Dealing with Family Upsets"
____"Your Child's Health"

a. Se ha referido usted a estos pamfletos?

____Si
____No [CONCLUSION DE LA ENTREVISTA]

b. (Si afirmativo) En general, que ayuda le han prestado a usted los pamfletos para los padres de Sano, Soy Yo? Qué le hace pensar de esta manera?

_____

_____

_____

c. (Si afirmativo) Hay alguna información accrca de la salud de los padres o niños que a usted le gustaría agregar al pamfleto para padres? Qué clase de information le gustaría agregar?

_____

_____

_____

d. (Si afirmativo) En que otra forma se podrían presentar los pamfletos para que fueran más utiles para usted? Qué se podría hacer para ayudar a los padres a entender mejor estos pamfletos?

_____

_____

_____

3. Qué tan beneficioso es el pamfleto para los padres "Your Part as a Parent in Healthy, That's Me"?

____Muy beneficioso
____Un poco beneficioso
____No es beneficioso
____No lo he recibido [PASE A LA PREGUNTA 4]
____No se, no lo he usado [PASE A LA PREGUNTA 4]

a. Qué cambios cree usted se podrían efectuar para que fuera mas útil?

_____

_____

_____

4. Cómo le parece el pamfleto para los padres "Your Family"? Qué tan beneficioso es el contenido de este pamfleto?

____Muy beneficioso
____Un poco beneficioso
____No es beneficioso
____No lo he recibido [PASE A LA PREGUNTA 5]
____No se, no lo he usado [PASE A LA PREGUNTA 5]

a. Qué se podría hacer para mejorar este pamfleto?

_____

_____

_____

5. Cómo le parece el pamfleto para los padres "Americans All"?

____Muy beneficioso
____Un poco feneficioso
____No es beneficioso
____No lo he recibido [PASE A LA PREGUNTA 6]
____No se, no lo he usado [PASE A LA PREGUNTA 6]

a. Qué se podría hacer para mejorar este pamfleto?

_____

_____

_____

6. Cómo le parece el pamfleto para los padres "Making it Easier to Keep Healthy at Home"?

____Muy beneficioso
____Un poco beneficioso
____No es beneficioso
____No lo he recibido [PASE A LA PREGUNTA 7]
____No se, no lo he usado [PASE A LA PREGUNTA 7]

a. Qué se podría hacer para mejorar este pamfleto?

_____

_____

_____

7. Cómo le parece el pamfleto para los padres "Your Growing Child"?

____Muy beneficioso
____Un poco beneficioso
____No es beneficioso
____No lo he recibido [PASE A LA PREGUNTA 8]
____No se, no lo he usado [PASE A LA PREGUNTA 8]

a. Qué se podría hacer para mejorar este pamfleto?

_____

_____

_____

8. Cómo le parece el pamfleto para los padres "Dealing with Family Upsets"?

____Muy beneficioso
____Un poco beneficioso
____No es benficioso
____No lo he recibido [PASE A LA PREGUNTA 9]
____No se, no lo he usado [PASE A LA PREGUNTA 9]

a. Qué se podría hacer para mejorar este pamfleto?

_____

_____

_____

9. Finalmente, como le parece el pamfleto para los padres "Your Child's Health"?

____Muy beneficioso
____Un poco beneficioso
____No es beneficioso
____No lo he recibido
____No se, no lo he usado

a. Qué se podría hacer para mejorar este pamfleto?

_____

_____

_____

COMENTARIOS ADICIONALES

_____

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_____

MUCHAS GRACIAS POR SU COLABORACION!